

# **Exhibit 1**

# CUNY Significant Financial Interest Disclosure (SFI) Form for PHS Funded Sponsored Projects

\* to be completed by each investigator on the project

Name of Investigator : **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

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Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

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CUNY College/Site of Sponsored Project: **CUNY school of Medicine/CDI-3211**

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Title of Sponsored Project<sup>2</sup>: **Brain cPLA2 as a mechanism for neuroinflammation in AD/ADRD with and without APOEε4**

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Funding Agency: **University of Southern California/NIA**

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Disclosure submission for:

- New funding proposal or application
- Annual progress report
- Material change in a previously disclosed SFI
- Discovery or acquisition of a new SFI
- New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse or your dependent children** have any of the following financial interests that may reasonably be related to your institutional responsibilities<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

**EXCLUSIONS:** This does NOT apply to any salary, royalties, or other remuneration paid by CUNY if you are currently employed or otherwise appointed by CUNY; income from seminars, lectures, or teaching engagements sponsored by a **United States** federal, state, or local government agency, an institution of higher education<sup>4</sup>, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or income from service on advisory committees or review panels for such agencies or other entities.

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<sup>1</sup> **Investigator** The project director, principal investigator, co principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

<sup>4</sup> As defined at 20USC1001(a)

1. With respect to any <b>publicly traded entity</b> , a total of (a) salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months <u>AND</u> (b) the value of any equity interest in the entity (including any stock, stock option, or other ownership interest), as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure, in excess of \$5,000.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. With respect to any <b>non-publicly traded entity</b> , a total of salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months in excess of \$5,000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. With respect to any <b>non-publicly traded entity</b> , <i>any</i> equity interest in the entity (including any stock, stock option, or other ownership interest), regardless of value.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Intellectual property rights and interests (for example, patents and copyrights).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For **yourself** ONLY:

5. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?  NOTE: If you answered “Yes” to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Any reimbursed or sponsored travel ( <i>i.e.</i> , travel paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available), related to your institutional responsibilities.  EXCLUSIONS: This does NOT apply to travel reimbursed or sponsored by a <b>United States</b> federal, state or local government agency, an institution of higher education <sup>5</sup> , an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you responded “yes” to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form and the Supplement Form, if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.

If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

<sup>5</sup> As defined at 20USC1001(a)

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



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3/26/2021

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Signature

Date

## **Exhibit 2**

**CUNY Significant Financial Interest Supplement Form  
for PHS Funded Sponsored Projects**

Name of Investigator: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

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CUNY College/Site of Sponsored Project: **CUNY School of Medicine/CDI-3211**

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Title of Sponsored Project: **Brain cPLA2 as a mechanism for neuroinflammation in AD/ADRD with and without APOE $\epsilon$ 4**

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Funding Source: **University of Southern California**

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Does this project involve human subject research? Yes  No

**Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:**

1. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Consultancy

Amount of salary or payment received:

\$24,000

Relationship to your institutional responsibilities:

NONE

2. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Type of equity interest:

Stock & Stock option

Current value of equity interest:

\$125,000

Relationship to your institutional responsibilities:

NONE

3. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **non-publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

N/A

Name of **non-publicly traded entity**:

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

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Amount of salary or payment received:

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Relationship to your institutional responsibilities:

4. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

N/A

Name of **non-publicly traded entity**:

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Type of equity interest:

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Relationship to your institutional responsibilities:

5. Intellectual property rights and interests (for example, patents and copyrights):

Owner(s) of the intellectual property:

Hoau-Yan Wang, Lindsay H Burns

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Description of the intellectual property:

None

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Description of any royalties or income you currently receive or may receive in the future:

None

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Relationship to your institutional responsibilities:

6. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:

Description of the interest that the entity has acquired or is intending to acquire:

7. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs):

Planned involvement of the student(s) or post-doctoral associate(s):

State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.):

8. Any reimbursed or sponsored travel (*i.e.*, travel paid on your behalf and not reimbursed to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:

**N/A**

Purpose of the trip:

Destination:

Duration:

Amount of expenses, if known:

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



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3/26/2021

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Signature

Date

## **Exhibit 3**

# CUNY Significant Financial Interest Disclosure (SFI) Form for PHS Funded Sponsored Projects

\* to be completed by each investigator on the project

Name of Investigator : **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

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Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

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CUNY College/Site of Sponsored Project: **CUNY school of Medicine/CDI-3211**

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Title of Sponsored Project<sup>2</sup>: **Synergistic effects of blood-brain barrier compromise and brain-reactive IgG autoantibodies on the progression of AD-related neuropathological and neuropsychological changes.**

Funding Agency: **Rowan University/NIA**

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Disclosure submission for:

New funding proposal or application

Annual progress report

Material change in a previously disclosed SFI

Discovery or acquisition of a new SFI

New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse or your dependent children** have any of the following financial interests that may reasonably be related to your *institutional responsibilities*<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

**EXCLUSIONS:** This does NOT apply to any salary, royalties, or other remuneration paid by CUNY if you are currently employed or otherwise appointed by CUNY; income from seminars, lectures, or teaching engagements sponsored by a **United States** federal, state, or local government agency, an institution of higher education<sup>4</sup>, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or income from service on advisory committees or review panels for such agencies or other entities.

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<sup>1</sup> **Investigator** The project director, principal investigator, co principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

<sup>4</sup> As defined at 20USC1001(a)

1. With respect to any <b>publicly traded entity</b> , a total of (a) salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months <u>AND</u> (b) the value of any equity interest in the entity (including any stock, stock option, or other ownership interest), as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure, in excess of \$5,000.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. With respect to any <b>non-publicly traded entity</b> , a total of salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months in excess of \$5,000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. With respect to any <b>non-publicly traded entity</b> , any equity interest in the entity (including any stock, stock option, or other ownership interest), regardless of value.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Intellectual property rights and interests (for example, patents and copyrights).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For **yourself** ONLY:

5. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?  NOTE: If you answered "Yes" to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Any reimbursed or sponsored travel ( <i>i.e.</i> , travel paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available), related to your institutional responsibilities.  EXCLUSIONS: This does NOT apply to travel reimbursed or sponsored by a <b>United States</b> federal, state or local government agency, an institution of higher education <sup>5</sup> , an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you responded "yes" to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form and the Supplement Form, if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.

If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

<sup>5</sup> As defined at 20USC1001(a)

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



6/07/2021

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Signature

Date

# Exhibit 4

**CUNY Significant Financial Interest Supplement Form  
for PHS Funded Sponsored Projects**

Name of Investigator: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

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CUNY College/Site of Sponsored Project: **CUNY School of Medicine/CDI-3211**

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Title of Sponsored Project: **Synergistic effects of blood-brain barrier compromise and brain-reactive IgG autoantibodies on the progression of AD-related neuropathological and neuropsychological changes.**

Funding Source: **Rowan University (NIA)**

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Does this project involve human subject research? Yes  No

**Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:**

1. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Consultancy

Amount of salary or payment received:

\$24,000

Relationship to your institutional responsibilities:

NONE

2. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Type of equity interest:

Stock & Stock option

Current value of equity interest:

\$125,000

Relationship to your institutional responsibilities:

NONE

3. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **non-publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

N/A

Name of **non-publicly traded entity**:

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

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Amount of salary or payment received:

---

Relationship to your institutional responsibilities:

4. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

N/A

Name of **non-publicly traded entity**:

---

Type of equity interest:

---

Relationship to your institutional responsibilities:

5. Intellectual property rights and interests (for example, patents and copyrights):

Owner(s) of the intellectual property:

Hoau-Yan Wang, Lindsay H Burns

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Description of the intellectual property:

None

---

Description of any royalties or income you currently receive or may receive in the future:

None

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Relationship to your institutional responsibilities:

6. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:

Description of the interest that the entity has acquired or is intending to acquire:

7. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs):

Planned involvement of the student(s) or post-doctoral associate(s):

State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.):

8. Any reimbursed or sponsored travel (*i.e.*, travel paid on your behalf and not reimbursed to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:

**N/A**

Purpose of the trip:

Destination:

Duration:

Amount of expenses, if known:

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



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6/07/2021

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Signature

Date

## **Exhibit 5**

# CUNY Significant Financial Interest (SFI) Disclosure Form For Sponsored Projects NOT Funded by the Public Health Service

\* to be completed by each investigator on the project

Name of Investigator<sup>1</sup>: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.):

---

Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

---

CUNY College/Site of Research: **CDI-3211**

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Title of Sponsored Project<sup>2</sup>: **[REDACTED]**

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**Cassava Sciences**

Funding Source:

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Disclosure submission for:

- New funding proposal or application
- Annual progress report
- Material change in a previously disclosed SFI
- Discovery or acquisition of a new SFI
- New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse, or your dependent children** have any of the following financial interests that may reasonably be related to your institutional responsibilities<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

---

<sup>1</sup> **Investigator:** The project director, principal investigator, co-principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project:** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities:** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

1. A total of salary, any other payment for services (for example, consulting fees or honoraria), and royalties expected to be received in the next 12 months that exceeds \$10,000, when aggregated for you, your spouse, and your dependent children, excluding any salary, royalties, or other remuneration from CUNY and income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities or from service on advisory committees or review panels for such entities.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. An equity interest (for example, stocks, stock options, or other ownership interests) in any single entity that, when aggregated for you, your spouse, and your dependent children, exceeds \$10,000 in value, as determined through reference to public prices or other reasonable measures of fair market value, <u>AND</u> represents more than a five percent (5%) ownership interest in the entity.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Intellectual property rights and interests (for example, patents, copyrights).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**For yourself ONLY:**

4. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?  NOTE: If you answered "Yes" to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
5. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

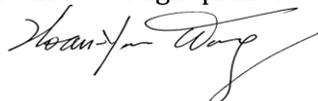
**If you responded "yes" to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form, and the Supplement Form if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.**

If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements, and any conflict of interest management and oversight plans issued by CUNY.



6/29/2021

Signature

Date

# Exhibit 6

# CUNY Significant Financial Interest (SFI) Disclosure Form For Sponsored Projects NOT Funded by the Public Health Service

\* to be completed by each investigator on the project

Name of Investigator<sup>1</sup>: **Hoau-Yan Wang**

---

Role of Investigator (project director / **PI** / co-PI / consultant / etc.):

---

Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

---

CUNY College/Site of Research: **CDI-3211**

---

Title of Sponsored Project<sup>2</sup>: **[REDACTED]**

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**Cassava Sciences**

Funding Source:

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Disclosure submission for:

- New funding proposal or application
- Annual progress report
- Material change in a previously disclosed SFI
- Discovery or acquisition of a new SFI
- New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse, or your dependent children** have any of the following financial interests that may reasonably be related to your institutional responsibilities<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

---

<sup>1</sup> **Investigator:** The project director, principal investigator, co-principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project:** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities:** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

1. A total of salary, any other payment for services (for example, consulting fees or honoraria), and royalties expected to be received in the next 12 months that exceeds \$10,000, when aggregated for you, your spouse, and your dependent children, excluding any salary, royalties, or other remuneration from CUNY and income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities or from service on advisory committees or review panels for such entities.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. An equity interest (for example, stocks, stock options, or other ownership interests) in any single entity that, when aggregated for you, your spouse, and your dependent children, exceeds \$10,000 in value, as determined through reference to public prices or other reasonable measures of fair market value, <u>AND</u> represents more than a five percent (5%) ownership interest in the entity.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Intellectual property rights and interests (for example, patents, copyrights).	Yes <input type="checkbox"/> No <input type="checkbox"/>

**For yourself ONLY:**

4. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?  NOTE: If you answered "Yes" to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
5. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1 or 2 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

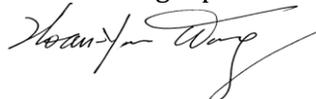
**If you responded "yes" to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form, and the Supplement Form if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.**

If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements, and any conflict of interest management and oversight plans issued by CUNY.



6/29/2021

Signature

Date

# Exhibit 7

**CUNY Significant Financial Interest Supplement Form for  
Sponsored Projects NOT Funded by the Public Health Service**

Name of Investigator: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.):

---

CUNY College/Site of Research: **CDI-3211**

---

Title of Sponsored Project:

[REDACTED]

---

Funding Source: **Cassava Sciences**

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Does this project involve human subject research? Yes  No

Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:

1. A total of salary, any other payment for services (for example, consulting fees or honoraria), and royalties expected to be received in the next 12 months that exceeds \$10,000, when aggregated for you, your spouse, and your dependent children, excluding any remuneration from CUNY and income from engagements sponsored by public or nonprofit entities or from service on advisory committees or review panels for such entities:

i) Name of person or persons (and relationship to self) to whom the salary or payment is expected to be made:

Hoau-Yan Wang (self)

Name of entity:

Cassava Sciences

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Consultancy

Amount of salary, payment for other services, or royalties expected to be received in the next 12 months:

\$24,000

Relationship to your institutional responsibilities:

NONE

ii) Name of person or persons (and relationship to self) to whom the salary or payment is expected to be made:

Name of entity:

Nature of salary, payment for other services, or royalties:

Amount of salary, payment for other services, or royalties expected to be received in the next 12 months:

Relationship to your institutional responsibilities:

**2. An equity interest (for example, stocks, stock options, or other ownership interests) in any single entity that, when aggregated for you, your spouse, and your dependent children, exceeds \$10,000 in value, as determined through reference to public prices or other reasonable measures of fair market value, AND represents more than a five percent (5%) ownership interest in the entity:**

**Name of person or persons (and relationship to self) who hold(s) the equity interest:**

**Hoau-Yan Wang (Self)**

---

**Name of entity:**

**Cassava Sciences**

**Type of equity interest:**

**Stock & Stock options**

**Current value of equity interest and/or percentage of ownership interest in the entity, as applicable:**

**\$125,000**

**Relationship to your institutional responsibilities:**

**NONE**

---

**3. Intellectual property rights and interests (for example, patents, copyrights):**

**Owner(s) of the intellectual property:**

**N/A**

**Description of the intellectual property:**

**Description of any royalties or income you currently receive or may receive in the future:**

**Relationship to your institutional responsibilities:**

**4. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1 or 2 above:**

Name of entity: N/A

Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:

Description of the interest that the entity has acquired or is intending to acquire:

**5. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1 or 2 above:**

Name of entity: NONE

Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs):

Planned involvement of the student(s) or post-doctoral associate(s):

State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.):

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- As required, I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



6/29/2021

Signature

Date

# Exhibit 8

# CUNY Significant Financial Interest Disclosure (SFI) Form for PHS Funded Sponsored Projects

\* to be completed by each investigator on the project

Name of Investigator<sup>1</sup>: **Hoau-Yan Wang**

---

Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

---

Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

---

CUNY College/Site of Sponsored Project: **CUNY school of Medicine/CDI-3211**

---

Title of Sponsored Project<sup>2</sup>: **Brain cPLA2 as a mechanism for neuroinflammation in AD/ADRD with and without APOE $\epsilon$ 4**

---

Funding Agency: **University of Southern California/NIA**

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Disclosure submission for:

New funding proposal or application

Annual progress report

Material change in a previously disclosed SFI

Discovery or acquisition of a new SFI

New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse or your dependent children** have any of the following financial interests that may reasonably be related to your *institutional responsibilities*<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

**EXCLUSIONS:** This does NOT apply to any salary, royalties, or other remuneration paid by CUNY if you are currently employed or otherwise appointed by CUNY; income from seminars, lectures, or teaching engagements sponsored by a **United States** federal, state, or local government agency, an institution of higher education<sup>4</sup>, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or income from service on advisory committees or review panels for such agencies or other entities.

---

<sup>1</sup> **Investigator:** The project director, principal investigator, co-principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project:** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities:** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

<sup>4</sup> As defined at 20USC1001(a)

1. With respect to any <b>publicly traded entity</b> , a total of (a) salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months <u>AND</u> (b) the value of any equity interest in the entity (including any stock, stock option, or other ownership interest), as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure, in excess of \$5,000.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. With respect to any <b>non-publicly traded entity</b> , a total of salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months in excess of \$5,000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. With respect to any <b>non-publicly traded entity</b> , any equity interest in the entity (including any stock, stock option, or other ownership interest), regardless of value.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Intellectual property rights and interests (for example, patents and copyrights).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For **yourself** ONLY:

5. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?  NOTE: If you answered “Yes” to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Any reimbursed or sponsored travel ( <i>i.e.</i> , travel paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available), related to your institutional responsibilities.  EXCLUSIONS: This does NOT apply to travel reimbursed or sponsored by a <b>United States</b> federal, state or local government agency, an institution of higher education <sup>5</sup> , an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you responded “yes” to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form and the Supplement Form, if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.

If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

<sup>5</sup> As defined at 20USC1001(a)

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



7/19/2021

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Signature

Date

## **Exhibit 9**

**CUNY Significant Financial Interest Supplement Form  
for PHS Funded Sponsored Projects**

Name of Investigator: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

---

CUNY College/Site of Sponsored Project: **CUNY School of Medicine/CDI-3211**

---

Title of Sponsored Project: **Brain cPLA2 as a mechanism for neuroinflammation in AD/ADRD with and without APOE $\epsilon$ 4**

---

Funding Source: **University of Southern California**

---

Does this project involve human subject research? Yes  No

**Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:**

1. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Consultancy

Amount of salary or payment received:

\$24,000

Relationship to your institutional responsibilities:

NONE

2. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Type of equity interest:

Stock & Stock option

Current value of equity interest:

\$125,000

Relationship to your institutional responsibilities:

NONE

3. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **non-publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

N/A

Name of **non-publicly traded entity**:

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Amount of salary or payment received:

Relationship to your institutional responsibilities:

4. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

N/A

Name of **non-publicly traded entity**:

Type of equity interest:

Relationship to your institutional responsibilities:

5. Intellectual property rights and interests (for example, patents and copyrights):

Owner(s) of the intellectual property:

Hoau-Yan Wang, Lindsay H Burns

Description of the intellectual property:

None

Description of any royalties or income you currently receive or may receive in the future:

None

Relationship to your institutional responsibilities:

6. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:

Description of the interest that the entity has acquired or is intending to acquire:

7. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs):

Planned involvement of the student(s) or post-doctoral associate(s):

State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.):

8. Any reimbursed or sponsored travel (*i.e.*, travel paid on your behalf and not reimbursed to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:

**N/A**

Purpose of the trip:

Destination:

Duration:

Amount of expenses, if known:

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



7/19/2021

---

Signature

Date

# **Exhibit 10**

# CUNY Significant Financial Interest Disclosure (SFI) Form for PHS Funded Sponsored Projects

\* to be completed by each investigator on the project

Name of Investigator<sup>1</sup>: **Hoau-Yan Wang**

---

Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

---

Phone: **212-650-8813**

Email: **hywang@med.cuny.edu**

---

CUNY College/Site of Sponsored Project: **CUNY school of Medicine/CDI-3211**

---

Title of Sponsored Project<sup>2</sup>: **BDNF-Glucocorticoid interplay in antidepressant responsiveness**

---

Funding Agency: **Thomas Jefferson University/NIMH**

---

Disclosure submission for:

New funding proposal or application

Annual progress report

Material change in a previously disclosed SFI

Discovery or acquisition of a new SFI

New investigator joining an ongoing sponsored project at CUNY

Please indicate whether **you, your spouse or your dependent children** have any of the following financial interests that may reasonably be related to your *institutional responsibilities*<sup>3</sup>:

**Please note that this form must be completed by all individuals responsible for the design, conduct, or reporting of sponsored project.**

**EXCLUSIONS:** This does NOT apply to any salary, royalties, or other remuneration paid by CUNY if you are currently employed or otherwise appointed by CUNY; income from seminars, lectures, or teaching engagements sponsored by a **United States** federal, state, or local government agency, an institution of higher education<sup>4</sup>, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or income from service on advisory committees or review panels for such agencies or other entities.

---

<sup>1</sup> **Investigator:** The project director, principal investigator, co-principal investigators, and any other person, regardless of title of position, who is responsible for the design, conduct, or reporting of a University Sponsored Project, which may include, for example, collaborators or consultants, whether or not such individual is employed by the University or the Research Foundation.

<sup>2</sup> **Sponsored Project:** Projects or activities involving research, creative activity, training, instruction or service undertaken within or on behalf of the University pursuant to funding or other support from an External Sponsor.

<sup>3</sup> **Institutional Responsibilities:** An investigator's professional responsibilities on behalf of the University, performed in the course of and within the scope of the Investigator's appointment or employment by the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, institutional administration, committee memberships, and service on panels such as Institutional Review Boards, Institutional Animal Care and Use Committees or Institutional Biosafety Committees.

<sup>4</sup> As defined at 20USC1001(a)

1. With respect to any <b>publicly traded entity</b> , a total of (a) salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months <u>AND</u> (b) the value of any equity interest in the entity (including any stock, stock option, or other ownership interest), as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure, in excess of \$5,000.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. With respect to any <b>non-publicly traded entity</b> , a total of salary and any payment for services not otherwise identified as a salary (for example, consulting fees, honoraria, paid authorship) received from the entity in the past 12 months in excess of \$5,000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. With respect to any <b>non-publicly traded entity</b> , <i>any</i> equity interest in the entity (including any stock, stock option, or other ownership interest), regardless of value.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Intellectual property rights and interests (for example, patents and copyrights).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For **yourself** ONLY:

5. If you are responsible for developing, discovering, or creating CUNY-owned intellectual property, are you aware of the acquisition or intention to acquire ownership of, or a license to, that intellectual property by any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?  NOTE: If you answered “Yes” to this question you must also complete the CUNY Acquisition of or License to CUNY Intellectual Property (CALCIP) form and submit it to your College Conflicts Officer and the Director of the CUNY Technology Commercialization Office (TCO).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6. Do you teach, supervise, or otherwise have control over any student or postdoctoral associate at CUNY who might be involved in work for any corporation, partnership, or other legal entity (excluding entities controlled by the U.S. government, the State or City of New York, or CUNY) in or from which you have a financial interest described in any of Items 1, 2, or 3 above?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Any reimbursed or sponsored travel ( <i>i.e.</i> , travel paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available), related to your institutional responsibilities.  EXCLUSIONS: This does NOT apply to travel reimbursed or sponsored by a <b>United States</b> federal, state or local government agency, an institution of higher education <sup>5</sup> , an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you responded “yes” to any of the questions above, you must also complete a CUNY Significant Financial Interest Supplement Form. This Form and the Supplement Form, if required, should be submitted to your College Conflicts Officer, with a copy to your Grants Officer.

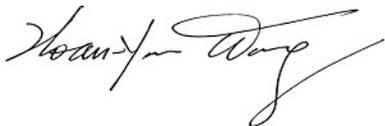
If you have any questions about this Form or the information it seeks, please refer to the [sponsored projects conflict of interest web site](#) or contact your [College Conflicts Officer](#).

<sup>5</sup> As defined at 20USC1001(a)

**Agreement & Signature:**

By signing this form, I certify the following:

- The above statements are complete, true and accurate.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



7/21/2021

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Signature

Date

# **Exhibit 11**

**CUNY Significant Financial Interest Supplement Form  
for PHS Funded Sponsored Projects**

Name of Investigator: **Hoau-Yan Wang**

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Role of Investigator (project director / **PI** / co-PI / consultant / etc.): **PI**

---

CUNY College/Site of Sponsored Project: **CUNY School of Medicine/CDI-3211**

---

Title of Sponsored Project: **BDNF-Glucocorticoid interplay in antidepressant responsiveness**

Funding Source: **Thomas Jefferson University/NIMH**

---

Does this project involve human subject research? Yes  No

**Please provide requested details regarding your positive responses made on the CUNY Significant Financial Interest Disclosure Form and, if necessary, use additional Supplement Forms:**

1. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Consultancy

Amount of salary or payment received:

\$24,000

Relationship to your institutional responsibilities:

NONE

2. Equity interest (including any stock, stock option, or other ownership interest) in a **publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

Hoau-Yan Wang (Self)

Name of **publicly traded entity**:

CASSAVA Sciences

Type of equity interest:

Stock & Stock option

Current value of equity interest:

\$125,000

Relationship to your institutional responsibilities:

NONE

3. Salary and any payment for other services (for example, consulting fees, honoraria, paid authorship) received from a **non-publicly traded entity** in the past 12 months:

Name of person or persons (and relationship to self) to whom the salary or payment was made:

N/A

Name of **non-publicly traded entity**:

Nature of salary, payment for other services, or royalties (description of work performed for remuneration):

Amount of salary or payment received:

Relationship to your institutional responsibilities:

4. Equity interest (including any stock, stock option, or other ownership interest) in a **non-publicly traded entity**:

Name of person or persons (and relationship to self) who hold(s) the equity interest:

N/A

Name of **non-publicly traded entity**:

Type of equity interest:

Relationship to your institutional responsibilities:

5. Intellectual property rights and interests (for example, patents and copyrights):

Owner(s) of the intellectual property:

Hoau-Yan Wang, Lindsay H Burns

Description of the intellectual property:

None

Description of any royalties or income you currently receive or may receive in the future:

None

Relationship to your institutional responsibilities:

6. Acquisition or intention to acquire ownership of, or a license to, CUNY-owned intellectual property by an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Description of CUNY-owned intellectual property and your role in developing, discovering, or creating it:

Description of the interest that the entity has acquired or is intending to acquire:

7. Teaching, supervision, or otherwise having control over any student or postdoctoral associate at CUNY who might be involved in work for an entity in which you have a financial interest described in items 1, 2, 3 or 4 above:

Name of entity:

**N/A**

Name of the student(s) or post doctoral associate(s) (please specify whether these are graduate students or post-docs):

Planned involvement of the student(s) or post-doctoral associate(s):

State your specific relationship with the student(s) involved in the project, (e.g. instructor, faculty advisor, thesis supervision, etc.):

8. Any reimbursed or sponsored travel (*i.e.*, travel paid on your behalf and not reimbursed to you) that is related to your institutional responsibilities.

Travel sponsor/organizer:

**N/A**

Purpose of the trip:

Destination:

Duration:

Amount of expenses, if known:

**Agreement & Signature:**

By signing this form, I certify to the following:

- All of the information contained herein is true, accurate and complete.
- I will submit an updated Form annually, prior to submission of annual progress reports; and also within 30 days of any material change to the above-disclosed Significant Financial Interest(s) or discovering or acquiring a new Significant Financial Interest.
- I will comply with all applicable regulations, CUNY policies, sponsor requirements and any conflict of interest management and oversight plans issued by CUNY.



7/21/2021

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Signature

Date