UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): November 18, 2026

ALZAMEND NEURO, INC.

(Exact name of registrant as specified in its charter)

Delaware	001-40483	81-1822909
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

3480 Peachtree Road NE, Second Floor, Suite 103, Atlanta, GA 30326
(Address of principal executive offices) (Zip Code)

(844) 722-6333
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value	ALZN	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company x

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ¨

Item 7.01 Regulation FD Disclosure.

On November 18, 2026, Alzamend Neuro, Inc. will present at the annual meeting of the Society for Neuroscience. A copy of the presentation, which is furnished herewith as **Exhibit 99.1**, is incorporated by reference herein.

In accordance with General Instruction B.2 of Form 8-K, the information under this item and **Exhibit 99.1** shall not be deemed filed for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall such information be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing. This report will not be deemed an admission as to the materiality of any information required to be disclosed solely to satisfy the requirements of Regulation FD.

The Securities and Exchange Commission encourages registrants to disclose forward-looking information so that investors can better understand the future prospects of a registrant and make informed investment decisions. This Current Report on Form 8-K and exhibits may contain these types of statements, which are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, and which involve risks, uncertainties and reflect the Registrant's judgment as of the date of this Current Report on Form 8-K. Forward-looking statements may relate to, among other things, operating results and are indicated by words or phrases such as "expects," "should," "will," and similar words or phrases. These statements are subject to inherent uncertainties and risks that could cause actual results to differ materially from those anticipated at the date of this Current Report on Form 8-K. Investors are cautioned not to rely unduly on forward-looking statements when evaluating the information presented within.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits:

Exhibit No.	Description
99.1	Society for Neuroscience Presentation
101	Pursuant to Rule 406 of Regulation S-T, the cover page is formatted in Inline XBRL (Inline eXtensible Business Reporting Language).
104	Cover Page Interactive Data File (embedded within the Inline XBRL document and included in Exhibit 101).

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ALZAMEND NEURO, INC.

Dated: November 18, 2026

/s/ David J. Katzoff
David J. Katzoff
Chief Financial Officer

Assessing Treatment-Associated Brain Network Changes Following a Novel Lithium Treatment Using 7T Resting-State fMRI – Results from a Randomized Phase 1/2A Clinical Trial

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[1]Massachusetts General Hospital, Departments of Radiology (a), CTRU (b), Psychiatry (c); [2]Alzamend Neuro Inc.

Introduction

Lithium is considered a gold-standard treatment for bipolar I disorder, and is also used therapeutically in major depressive disorder, schizophrenia, Alzheimer's disease, and post-traumatic stress disorder. However, its clinical utility is constrained by a narrow therapeutic window for inorganic lithium salts which need careful monitoring to manage renal, thyroid, and other systemic toxicity risks. AL001 is a novel ionic lithium salicylate salt co-crystallized with co-former L-proline designed for better brain delivery with less systemic exposure than inorganic salts[1].

Pharmacological resting-state fMRI provides a noninvasive approach to characterizing drug-associated changes in functional brain networks[2]. In the study, we used ultra-high-field resting-state fMRI to explore changes in brain functional connectivity following AL001 and conventional lithium carbonate treatment (Li_2CO_3) in healthy participants.

Study Design



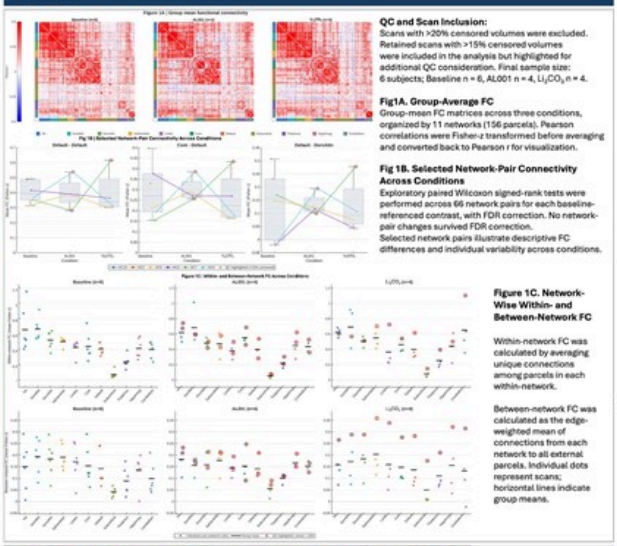
Screening procedures include medical and surgical history, physical and neurological examinations, vital signs, a 12-lead ECG, and clinical laboratory testing. Eligible participants are admitted into the MGH Translational and Clinical Research Center (TCRC) for a 14-day dosing period, where they are randomized to receive either lithium carbonate or AL001. This dosing period is followed by a 28-hour inpatient stay at the Martinos Center, during which 27 PK blood samples are drawn, and 7 H-/Li-MRI-MRSI scans are performed.

Methods

Six healthy participants completed baseline and two post-treatment imaging visits following two-week treatment with AL001 and the standard-of-care lithium carbonate. Resting-state BOLD images were acquired with a TR of 860 ms and 1.8-mm isotropic resolution. Data were preprocessed using fMRIPrep[3] and denoised using XCP-D[4] with 24 motion regressors, 10 aCompCor components, 0.008–0.09 Hz bandpass filtering, and motion censoring (FD > 0.3 mm).

Parcel-wise functional connectivity (FC) was estimated using Pearson correlations and Fisher-z transformation with the 4S156Parcels atlas[4,5], combining 100 cortical parcels with 56 subcortical and cerebellar parcels. FC changes relative to baseline were characterized at the parcel and network levels. Exploratory network-level comparisons were performed using two-sided Wilcoxon signed-rank tests with Benjamini–Hochberg false discovery rate correction across 66 network pairs per contrast.

Results



QC and Scan Inclusion:
Scans with >20% censored volumes were excluded. Retained scans with >15% censored volumes were included in the analysis but highlighted for additional QC consideration. Final sample size: 6 subjects; Baseline n = 6, AL001 n = 4, Li_2CO_3 n = 4.

Fig1A. Group-Average FC
Group-mean FC matrices across three conditions, organized by 11 networks (156 parcels). Pearson correlations were Fisher-z transformed before averaging and converted back to Pearson r for visualization.

Fig 1B. Selected Network-Pair Connectivity Across Conditions
Exploratory paired Wilcoxon signed-rank tests were performed across 66 network pairs for each baseline-referenced contrast, with FDR correction. No network-pair changes survived FDR correction.
Selected network pairs illustrate descriptive FC differences and individual variability across conditions.

Figure 1C. Network-Wise Within- and Between-Network FC

Within-network FC was calculated by averaging unique connections among parcels in each within-network.

Between-network FC was calculated as the edge-weighted mean of connections from each network to all external parcels. Individual dots represent scans; horizontal lines indicate group means.

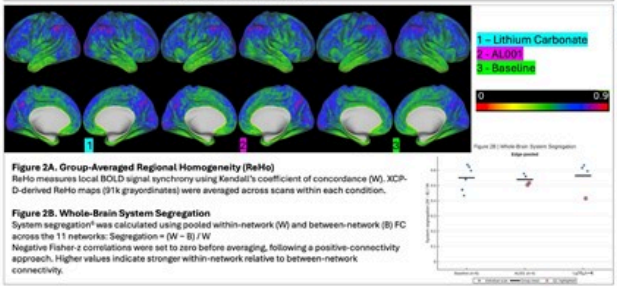


Figure 2A. Group-Averaged Regional Homogeneity (ReHo)
ReHo measures local BOLD signal synchrony using Kendall's coefficient of concordance (W). XCP-D-derived ReHo maps (91k grayordinates) were averaged across scans within each condition.

Figure 2B. Whole-Brain System Segregation
System segregation[6] was calculated using pooled within-network (W) and between-network (B) FC across the 11 networks: Segregation = (W – B) / W
Negative Fisher-z correlations were set to zero before averaging, following a positive-connectivity approach. Higher values indicate stronger within-network relative to between-network connectivity.

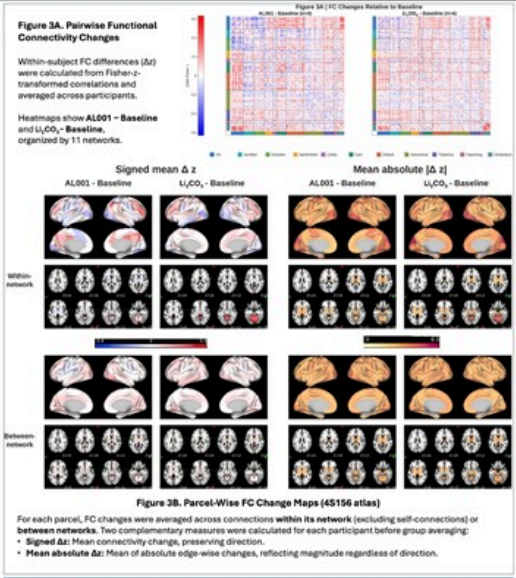


Figure 3A. Pairwise Functional Connectivity Changes

Within-subject FC differences (Δz) were calculated from Fisher-z-transformed correlations and averaged across participants.

Heatmaps show **AL001 – Baseline** and **Li_2CO_3 – Baseline**, organized by 11 networks.

Figure 3B. Parcel-Wise FC Change Maps (4S156 atlas)

For each parcel, FC changes were averaged across connections **within its network** (excluding self-connections) or **between networks**. Two complementary measures were calculated for each participant before group averaging:

- **Signed Δz:** Mean connectivity change, preserving direction.
- **Mean absolute Δz:** Mean of absolute edge-wise changes, reflecting magnitude regardless of direction.

Conclusion

Conclusion: We characterized resting-state brain functional connectivity across three conditions (AL001, Li_2CO_3, baseline) using complementary network-level, parcel-wise, and spatial measures. Exploratory analyses revealed descriptive differences between the modulation of AL001 and Li_2CO_3 on brain connectivity with inter-subject variability, but no network-pair changes survived FDR correction. Given the small sample size, these findings remain preliminary and warrant further investigation in a larger cohort.

Reference:

1. ClinicalTrials.gov. *A Study to Investigate Lithium Brain/Plasma Pharmacokinetics and Safety of an AL001 Oral Capsule Compared to a Marketed Immediate-release Lithium Carbonate Capsule in Healthy Adult Subjects.* NCT06921590. https://clinicaltrials.gov/study/NCT06921590.
2. Khalili-Mahani N, Rombouts SARB, van Osch MJP, et al. Biomarkers, designs, and interpretations of resting-state fMRI in translational pharmacological research: A review of state-of-the-art, challenges, and opportunities for studying brain chemistry. *Hum Brain Mapp.* 2017;38(4):2276-2325. doi:10.1002/hbm.23516.
3. Esteban O, Markiewicz CJ, Blair RW, et al. fMRIPrep: a robust preprocessing pipeline for functional MRI. *Nat Methods.* 2019;16:111-116. doi:10.1038/s41592-018-0235-4.
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5. Schaefer A, Kong R, Gordon EM, et al. Local-global parcellation of the human cerebral cortex from intrinsic functional connectivity MRI. *Cereb Cortex.* 2018;28(9):3095-3114. doi:10.1093/cercor/bhx179.
6. Chan MY, Park DC, Savalia NK, Petersen SE, Wig GS. Decreased segregation of brain systems across the healthy adult lifespan. *Proc Natl Acad Sci USA.* 2014;111(46):E5006. doi:10.1073/pnas.1415122111.

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