Form **8937**(December 2017)
Department of the Treasury

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions

OMB No. 1545-0123

Internal Revenue Service			See separate instructions.	
Part I Reporting Issuer  1 Issuer's name				2 Issuer's employer identification number (EIN)
CADIZ, INC.	77-0313235			
3 Name of contact for additional inf		5 Email address of contact		
	ormation   2	• relepnor	ne No. of contact	
STANLEY SPEER			(213) 271-1600	SSPEER@CADIZINC.COM
6 Number and street (or P.O. box if	mail is not d	7 City, town, or post office, state, and ZIP code of contact		
550 SOUTH HOPE STREET, SUITE	2850	LOS ANGELES, CA 90071		
8 Date of action				
09/21/2022		8.875%	SERIES A CUMULATIVE PI	REFERRED STOCK
10 CUSIP number 11 Seri	0 CUSIP number 11 Serial number(s)		12 Ticker symbol	13 Account number(s)
127537306	127537306		CDZIP	
Part II Organizational Ac	<b>tion</b> Attach	additiona	I statements if needed. S	ee back of form for additional questions.
_				ate against which shareholders' ownership is measured for
the action ► PAYMENT OF	DIVIDENDS	ON 10/14/2	2022 IN THE AMOUNT OF \$	1,265,000
15 Describe the quantitative effect share or as a percentage of old	_			rity in the hands of a U.S. taxpayer as an adjustment per
	E IN BASIS		• •	plation, such as the market values of securities and the PER DEPOSITARY SHARE. THIS IS REPRESENTED

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Par	t II	Orga	<b>nizational Action</b> (co	ontinued)						
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			able Internal Revenue Co							
IRC S	SECTIO	112 210	b(a) AND 301(c) - DISTRI	BUTIONS	ARE IN EXCESS OF C	URRENT AND AC	CUIVIUL	ATEDEAL	RIVINGS & PROFITS	
18	Can an	y resul	ting loss be recognized? ▶	► NO						
19	Drovido	2004.0	ther information necessary	v to implor	age the adjustment su	ich as the reportab	do tay ya	or N DED		2000
19	riovide	any o	The information necessar	y to implei	nent the adjustment, st	cii as the reportat	ле тах уе	al P KEP	JRIABLE IAX TEAR IS	2022
			ties of perjury, I declare that ue, correct, and complete. De							owledge and
<b>~</b>		i, ii is ii	DocuSigned by:	ciai alion oi	preparer (other than office	i) is based on all lillor	illiation of	willcii bieb	arer rias arry knowledge.	
Sign Here	<b>.</b>	ature ►		/2022						
	Jigit		Stanly E. Spe CD209D8053AD4CB Stanley E.	Sneer			Date ►	CFO		
		your na		Opour	Preparer's signature		Title ► Date	01 0	DTINI	
Paid			Type preparer's name		i reparer s signature		Date		Check if PTIN	
	oarer								self-employed	
Use	Only		s name >						Firm's EIN ▶	
Send	Form 8		s address ► cluding accompanying sta	atements) t	o: Department of the T	easury, Internal Re	evenue S	ervice Oa	Phone no. den. UT 84201-0054	
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