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 Is 1 Issuer's name	suer			2 Issuer's employer identification number (EIN)		
		77-0313235				
CADIZ, INC. 3 Name of contact for addi	#: 1 :- f #:					
	4 relephor	ne No. of contact	5 Email address of contact			
STANLEY SPEER		(213) 271-1600	SSPEER@CADIZINC.COM			
6 Number and street (or P.0	O. box if mail is not	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						
09/20/2024		8.875%	SERIES A CUMULATIVE PR	REFERRED STOCK		
10 CUSIP number	mber 11 Serial number(s)		12 Ticker symbol	13 Account number(s)		
127537306			CDZIP			
Part II Organization	nal Action Attac	ch additiona	l statements if needed. Se	ee back of form for additional questions.		
				te against which shareholders' ownership is measured for		
the action ► PAYMEN	NT OF DIVIDENDS ON	10/15/2024 IN 1	THE AMOUNT OF \$1,265,000			
15 Describe the quantitative share or as a percentage	_			ity in the hands of a U.S. taxpayer as an adjustment per		
valuation dates ► THE (CHANGE IN BASIS WO			ation, such as the market values of securities and the ARY SHARE. THIS IS REPRESENTED		
BY THE AMOUNT OF THE DIVIDE	ND PAID.					

Form 8937 (12-2017) Page **2**

Part	Щ	Organizational Action (continued)			
17 Li	ist the	applicable Internal Revenue Code sectio	n(s) and subsection(s) upon w	hich the tax treatmen	it is based I	•
		316(a) AND 301(c) - DISTRIBUTIONS ARE IN EX				
II TO OLO	110110	OTO(a) THE SOTIO BIOTHER HONOTHE IN EX	COLOG OF CONTRACT FIND FLOCOR	OLITIES ENGINEERS OF T	toriro	
18 C	an any	resulting loss be recognized? ► NO				
		· · ·				
19 Pr	rovide	any other information necessary to imple	ement the adjustment, such as	s the reportable tax ye	ear ► <u>REPOI</u>	RTABLE TAX YEAR IS 2024
	Linda	r papalties of parium. I dealars that I have ave	mined this return including acco	mpanying ashadulas and	d atatamanta	and to the best of my knowledge on
		r penalties of perjury, I declare that I have exa , it is true, correct, and complete. Declaration o				
Sign						
Here	٥.	DocuSigned by:		5.	10/22/2	2024
	Signa	ture Stanley E. Spur		Date ▶		
	D	Stanley E. Speer		T01 5	CFO	
	Print	your name ► Ctarrio y L. Opcor Print/Type preparer's name	Preparer's signature	Title ► Date		OL L D : PTIN
Paid		Trans Type proparer straine		Bate		Check if self-employed
Prepa		Firmle name >	1			
Use C	Only	Firm's name				Firm's EIN ▶
Sand Fa	orm Q0	Firm's address ► 37 (including accompanying statements)	to: Department of the Trace:	ny Internal Povonus 9	Service Occ	Phone no.
oenu re	09	or uncluding accompanying statements)	io. Department of the freast	ry, iriterriai neveriue s	our vice, Ugo	JUI, UI UTZUI-UUJ4