## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPI	ROVAL
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0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1 37		s)													
1. Name and Address of Reporting Person* BARER SOL J		2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director 10% Owner							
C/O AEV	(Last) (First) (Middle) C/O AEVI GENOMIC MEDICINE, LLC, 435 DEVON PARK DRIVE, SUITE 715		3. Date of Earliest Transaction (Month/Day/Year) 02/03/2020						Officer (give	title below)	Other	(specify below	)		
(Street) WAYNE, PA 19087			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Ac			es Acquir	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			r) any	eemed tion Date, if h/Day/Year	Code (Instr.	nsaction . 8)	(A) or	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Followi		l (	Ownership Form:	7. Nature of Indirect Beneficial Ownership	
		(Mone		Co	de V	Amou	Amount (A) or (D)				(	or Indirect I) Instr. 4)			
					-,		r indirec	-	o respon	d to the	collection of	finformati	on contains	d SEC 1	474 (0, 02)
			Table II		tive Securit	ies Acq	Per in tl a cu juired, E	ons what is form rrently	are not r valid OM	equired of B contro	collection o to respond u I number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	tive Securit uts, calls, w 5. Num Deriva Securit	ies Acq arrants ber of ive es ed (A) osed of	Perin tl a cu quired, L s, option: 6. Date Expirat (Month	ons what is form rrently	are not revalid OM  of, or Benetible secur  ble and	equired and a control of the control	to respond unumber.  Owned  and Amount rlying es	8. Price of	9. Number on Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur ip of Indirec Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Num Derivan Securit Acquir or Disp (D) (Instr. 1	ies Acq arrants ber of ive es ed (A) osed of	Per in the a cu	isposed, conver Exercisa ion Date //Day/Yes	are not revalid OM  of, or Benetible securible and  ur)	equired a control eficially Orities)  7. Title a of Under Securities	to respond unumber.  Owned  and Amount rlying es	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur ip of Indirec Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
BARER SOL J C/O AEVI GENOMIC MEDICINE, LLC 435 DEVON PARK DRIVE, SUITE 715 WAYNE, PA 19087	X				

### **Signatures**

/s/ Michael McInaw, by Power of Attorney	02/05/2020
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- $\star$  If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The stock option will vest over over three years, with one-third of such option vesting on each of the first, second and third anniversaries of the date of

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are no	ot required to respond unless the form displays a currently valid OMB number.