longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See

Instruction 1(b)

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

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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

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(Print or Type Responses) 1. Name and Address of Reporting Person* COLA MICHAEL F			2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O CERECOR INC., 540 GAITHER ROAD, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 01/26/2021						X Officer (give title below) Other (specify below) Chief Executive Officer				7)		
(Street) ROCKVILLE, MD 20850			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cir		(State)	(Zip)	Table I - Non-Derivative Securities Acq				es Acquirec	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	r) any	tion I	Date, if C		8) (3	A. Securities Acq A) or Disposed of Instr. 3, 4 and 5)	of (D) Ow Tra	Amount of Serned Followin nsaction(s) str. 3 and 4)		O F D or (I	wnership orm: irect (D) Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a	separate fine for each	i class of securities t		.19 011	viica airee	,		s who respon	d to the co	ollection of	informati	on contained	SEC 1	474 (9-02)
Reminder:	Report on a s	separate fine for each		- Deriva	tive S	Securities	Acq	Person in this ta curre	form are not rently valid OMI osed of, or Bene	equired to B control r eficially Ow	respond u number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Suts, c	Securities	Acquants, of	Person in this to a curre uired, Disposoros, co 6. Date Exe Expiration (Month/Da	form are not rently valid OMI osed of, or Beneral osecure of the secure	equired to B control r eficially Ow	respond unumber. ned d Amount ing	nless the	form display 9. Number of	10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indire Benefici (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transact Code	tive Suts, c	Securities alls, warr 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	Acquants, of	Person in this to a curre uired, Disposoros, co 6. Date Exe Expiration (Month/Da	form are not r ntly valid OMI osed of, or Bene nvertible secur ercisable and Date y/Year)	equired to B control r eficially Ow ities) 7. Title and of Underly Securities	respond unumber. ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	ip of Indire Benefici (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
COLA MICHAEL F C/O CERECOR INC. 540 GAITHER ROAD, SUITE 400 ROCKVILLE, MD 20850	X		Chief Executive Officer		

Signatures

/s/	Michael McInaw, by Power of Attorney	01/28/2021
	Signature of Reporting Person	Date

Explanation of Responses:

- 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).
- The stock option will vest over four years, with the first 25% vesting on the first anniversary of the grant date, and the remainder vesting in equal monthly installments over the following 36 months, subject to the reporting person's continued service on each such vesting date.

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.