### FORM 4

Check this box if no 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

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response..

0.5

#### 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

| pe Responses                                                        | )                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                              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| 1. Name and Address of Reporting Person * BLECH ISAAC               |                                                                                                |                                                                                                                                                                                                                              | 2. Issuer Name and Ticker or Trading Symbol<br>Cerecor Inc. [CERC]                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                 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Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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|                                                                     | d Address of SAAC  ATT STRI  ORE, MD 2  ORE, or a second or a second or exercise of Derivative | Conversion or Exercise Price of Derivative (First)  (First)  (First)  (First)  (Street)  (Street)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (Annual or each of Exercise of Derivative (Month/Day/Year) | d Address of Reporting Person SAAC  (Middle)  ATT STREET, SUITE 606  (Street)  ORE, MD 21202  (State)  (State)  2. Transaction Date (Month/Day/Year)  Report on a separate line for each class of securities  Table II -  2. Conversion or Exercise (Month/Day/Year)  (Month/Day/Year)  3. Transaction  Conversion or Exercise (Month/Day/Year)  (Month/Day/Year) | Address of Reporting Person 2. Issuer SAAC  (First) (Middle) 3. Date of 06/29/20  (Street) 4. If Ame  ORE, MD 21202  (State) (Zip)  ecurity 2. Transaction Date (Month/Day/Year)  Report on a separate line for each class of securities beneficial (Month/Day/Year)  2. Table II - Derivative (e.g., putseppice of Derivative Security)  A Date (Month/Day/Year) (Month/Day/Year)  A Deemed Execution Date, if Transaction Code (Instr. 3)  (Month/Day/Year) (Month/Day/Year) | d Address of Reporting Person * SAAC  (Middle) (Street)  (Street)  (Street)  (Street)  (Street)  (State)  (State)  (Zip)  (Cip)  (Cip)  (Month/Day/Year)  (Month/Day/Year)  (A. If Amendm  (Month/Day/Year)  (Month/Day/Year)  (A. Deemed Execution Date (Month/Day/Year)  (Month/Day/Year)  (Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year) | Address of Reporting Person SAAC    Corecor Inc. [CER   Cerecor Inc. [Cerecor Inc. [Cere | 2. Issuer Name and Ticker Cerecor Inc. [CERC]  (Middle) 3. Date of Earliest Transac O6/29/2018  (Street) 4. If Amendment, Date Orion ORE, MD 21202  (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. Query Month/Day/Year) 2. Table II - Derivative Securities Deneficially owned directly any (Month/Day/Year) 4. S. Number Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Address of Reporting Person SAAC    Cerecor Inc. [CERC]            | Address of Reporting Person - SAAC  (First) (ATT STREET, SUITE 606  (Street)  (Street)  (State)  (Zip)  (Zip)  (State)  (Zip)  (Anonth/Day/Year)  (A) or Code  (A) or Disposed of Contained in this for form displays a curred Conversion of Date or Exercise Price of Derivative Security  (Month/Day/Year)  (A) Table II - Derivative Securities Acquired, Disposed of, or Bene (e.g., puts, calls, warrants, options, convertible security  (Month/Day/Year)  (A) or Or Disposed of (D) (Instr. 3, 4, and 5)  (Month/Day/Year)  (A) or Derivative Securities Acquired, Disposed of, or Bene (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year)  (A) or Disposed of, or Bene (e.g., puts, calls, warrants, options, convertible security (Month/Day/Year)  (Month/Day/Year)  (A) or Disposed of (D) (Instr. 3, 4, and 5)  (Month/Day/Year)  (Month/Day/Year) | 2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]  3. Date of Earliest Transaction (Month/Day/Year) 06/29/2018  4. If Amendment, Date Original Filed(Month/Day/Year) 6. In Security  2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date (Instr. 8) (Instr. 3, 4 and 5)  Report on a separate line for each class of securities beneficially owned directly or indirectly.  2. Transaction Date (State) 2A. Deemed Execution Date, (Month/Day/Year) 2A. Deemed Execution Date (Month/Day/Year) 2A. Deemed Execu | Address of Reporting Person = SAAC    Cerecor Inc. [CERC]   S. Relationshi   S. Relationshi   S. ACC   Cerecor Inc. [CERC]   S. Date of Earliest Transaction (Month/Day/Year)   S. Date of Code (Month/Day/Year)   S. Date (D. Date (Month/Day/Year)   S. Date (D. Date (Month/Day/Year)   S. Date (Month/Day/Year)   S | Address of Reporting Person SAAC  2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]  3. Date of Earliest Transaction (Month/Day/Year) O6/29/2018  4. If Amendment, Date Original Filed(Month/Day/Year) ORE, MD 21202  3. Transaction Date (Month/Day/Year) ORE Security  2. Transaction Date (Month/Day/Year) ORE Securities Date (Month/Day/Year) Original Filed(Month/Day/Year) ORE Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Owned Following Report (Instr. 3) Owned Following Report (Instr. | 2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]  ATT STREET, SUITE 606  (Street) ATT STREET, SUITE 606  (Street)  4. If Amendment, Date Original Filed(Month/Day/Year) ORE, MD 21202  (Street)  2. Transaction Date (Month/Day/Year) (Month/Day/Year)  (Month/Day/Year)  (And Date (Execution Date, if or Exercise (Month/Day/Year)  2. Table II - Derivative Securities Acquired (Instr. 8)  (Month/Day/Year)  A Deemed (Execution Date, if or Exercise (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  A Deemed (Execution Date, if or Exercise (Month/Day/Year)  (Month/Day/Year) | Address of Reporting Person."  ATT STREET, SUITE 606  (Size of )  (State)  (State) |

|                                                                        | Relationships |           |         |       |  |  |
|------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address                                         | Director      | 10% Owner | Officer | Other |  |  |
| BLECH ISAAC<br>400 E. PRATT STREET<br>SUITE 606<br>BALTIMORE, MD 21202 | X             |           |         |       |  |  |

#### **Signatures**

| /s/ Robert Swedberg, by Power of Attorney | 07/02/2018 |  |  |
|-------------------------------------------|------------|--|--|
| **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).

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 not required to respond unless the form displays a currently valid OMB number.