### FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

#### 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. Name an Calias Pe		f Reporting Person*				ame <b>and</b> nc. [CEI		er or Trad	ing	Symbol		5	5. Relationship  Director		all applicab			
C/O CEF SUITE 4	RECOR IN	IC., 540 GAITH	(Middle) ER ROAD,	3. Date of 05/24/2			ansact	tion (Mor	nth/I	Day/Year)			X Officer (give			er (specify bel	ow)	
BOCKY.	HIE MD	(Street)		4. If Am	endi	ment, Dat	te Ori	ginal File	ed(M	onth/Day/Yea	ar)		. Individual of X_Form filed by Form filed by	One Reporting I			ne)	
(Cit	ILLE, MD	(State)	(Zip)			n		T N/ T			•,•		1.00	c D	~ · II O	1		
1.Title of S (Instr. 3)			2. Transaction Date (Month/Day/Year	) any	tion	ed Date, if	3. Tra	ansaction	4 (.	I. Securitie A) or Disp Instr. 3, 4	s Acq	quired 5 of (D)	5. Amount of S Dwned Follow Fransaction(s) Instr. 3 and 4)	Securities Be	eneficially d	6. Ownership Form: Direct (D)	of Ir Ben	fature ndirect eficial nership
				(WIOIII		iy/ i cai )	Со	de V	· .	Amount	(A) or (D)		mou. 5 und 1)			or Indirect (I) (Instr. 4)		tr. 4)
Common	Stock		05/24/2019				A	1		15,000 1)	A	\$ 0	15,000			D		
1. Title of			Table II  3A. Deemed Execution Date, if	- Derivative Securitie (e.g., puts, calls, war 4. 5. Numb Transaction of Deriv Code Securitie			es Acquired, Di rrants, options, ber deselves (Month/E			is who respond to the form are not require intly valid OMB controls osed of, or Beneficially precisable and Date of Und //Year)  To the securities of Und //Year Securities		equired B contro eficially (	to respond of number.  Dwned  Ind Amount lying s		9. Number	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa	ıble	Expiratio Date	n	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	4)	
Stock Option (Right to Buy)	\$ 4.98	05/24/2019		A		25,000		(2)		05/24/2	.029	Commo	1 /5 000	\$ 0	25,000	D		
Stock Option (Right to Buy)	\$ 4.26							(2)		07/16/2	028	Commo	1.80.000		80,000	D		
Stock Option (Right to Buy)	\$ 6.22							(3)		04/01/2	029	Commo	11/5.000		175,000	) D		

# **Reporting Owners**

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Calias Pericles C/O CERECOR INC. 540 GAITHER ROAD, SUITE 400 ROCKVILLE, MD 20850			Chief Scientific Officer	

## **Signatures**

/s/ Donald R. Reynolds, by Power of Attorney	05/29/2019
**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).
- (1) The restricted stock units vest in four equal installments beginning on July 16, 2019, provided the Reporting Person is then still providing continuous service as an employee, director or consultant.
- (2) One-fourth of the shares subject to the stock option will vest on July 16, 2019, and the remaining three-fourths of the shares subject to the stock option will vest in substantially equal monthly installments over the following 36 months, provided the Reporting Person is then still providing continuous service as an employee, director or consultant.
- (3) One-fourth of the shares subject to the stock option will vest on April 1, 2020, and the remaining three-fourths of the shares subject to the stock option will vest in substantially equal monthly installments over the following 36 months.

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.