FORM 4

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

OMB APPROVAL
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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).

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

(Print or Ty	pe Responses	s)																
Name and Address of Reporting Person * Calias Pericles				2. Issuer Name and Ticker or Trading Symbol Cerecor Inc. [CERC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CERECOR INC., 540 GAITHER ROAD, SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 06/10/2019									X_Officer (give title below) Other (specify below) Chief Scientific Officer					
(Street)				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					
ROCKV (City	ILLE, MD	(State)	(Zip)															
		(2. Transaction	24 Das	mad			ransaction					ed, Disposed		-		7. Nature	
(Instr. 3) Da			Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) (5)	5. Amount of Securities Bene Owned Following Reported Transaction(s)		ed	Ownership Form: Direct (D)			
						Code V		J A	Amount	(A) or (D)	Price							
Common Stock 0			06/10/2019				P		1,549 1)	A	\$ 2.8475	49,549		D				
Reminder:	Report on a s	separate line for each						Pe in dis	rso this pla	ns who i form ar ys a cur	e not rently	required y valid ON	to respond IB control i	unless th		ned SEC	1474 (9-02)	
			Table II -							oosed of, onvertib		neficially C urities)	Owned					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Number Expiration (Month/Da			on I	Oate of Under			J		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct (or India	Ownersl (Instr. 4)			
				Code	V	(A)	(D)	Date Exercisa	ıble	Expiration Date	on	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 4.26							(2)		07/16/2	2028	Common Stock	80,000		80,000	D		
Stock Option (Right to Buy)	\$ 6.22							(3)		04/01/2	2029	Common Stock	175,000		175,000) D		
Stock Option (Right to Buy)	\$ 4.98							(2)		05/24/2	2029	Common Stock	25,000		25,000	D		

Reporting Owners

		Relationships							
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
C. 54	alias Pericles /O CERECOR INC. IO GAITHER ROAD, SUITE 400 OCKVILLE, MD 20850			Chief Scientific Officer					

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) These shares were acquired under the Issuer's 2016 Employee Stock Purchase Plan.
- (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 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.