FORM	4
------	---

(Check this box if no
1	onger subject to
S	Section 16. Form 4 or
I	Form 5 obligations
1	nay continue. See
I	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

(Print or Type Responses)										
1. Name and Address of Reporting Person [*] Greenleaf Peter	2. Issuer I Cerecor I		Ticker or Tr RC]	ading	g Symbol		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			ansaction (M	lonth/	/Day/Year)	Officer (give title below) Oth	er (specify belo	w)	
(Street) ROCKVILLE, MD 20850	4. If Amen	dment, Dat	te Original F	iled(N	/lonth/Day/Y	ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security 2. Transa Date (Month/I	Executio ay/Year) any	(Month/Day/Year) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4)				
Common Stock								112,500	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Numb of Deriva Securitie Acquired or Dispos of (D) (Instr. 3, and 5)	ative s l (A) sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		te of Underlying Year) Securities		Derivative Security (Instr. 5)		Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(111501. 4)	(msu: 4)	
Stock Option (Right to Buy)	\$ 2.93	08/07/2019		А		25,000		<u>(1)</u>	08/07/2029	Common Stock	25,000	\$ 0	25,000	D	
Employee Stock Option (Right to Buy)	\$ 4.24							(2)	03/27/2028	Common Stock	135,417		135,417	D	
Stock Option (Right to Buy)	\$ 0.80							(3)	05/12/2027	Common Stock	16,714		16,714	D	
Stock Option (Right to Buy)	\$ 0.57							(2)	06/30/2027	Common Stock	8,357		8,357	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Greenleaf Peter C/O CERECOR INC. 540 GAITHER ROAD, SUITE 400 ROCKVILLE, MD 20850	Х						

Signatures

/s/ Donald R. Reynolds, by Power of Attorney	10/03/2019
**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 stock option will vest in full on August 7, 2020, subject to the Reporting Person's continued service on such vesting date.

(2) The stock option is fully vested.

(3) The stock option will vest in three substantially equal annual installments on May 11, 2018, 2019 and 2020, 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 not required to respond unless the form displays a currently valid OMB number.