## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

A / la : 4	D C	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 and Address of Reporting Person* <u>ALTSCHULLER Susan</u>					2. Issuer Name and Ticker or Trading Symbol Cerevel Therapeutics Holdings, Inc. [ CERE ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last)	,	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023							2	X Officer (give title Other (specify below)  Chief Financial Officer				
222 JACOBS STREET, SUITE 200				[	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IDGE N	ИA	0141		X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(City) (State) Rule 10b5-1(c) Transaction Indication																
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to						
		Tal	ole I - Non-I	Derivat	tive S	ecurities	s Ac	quired, D	ispose	ed c	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				ate	Execution Date,		Transaction Disposed Of (D Code (Instr. 5)		ties Acquired (A) or i Of (D) (Instr. 3, 4 an		Benefici	es For ally (D) Following (I) (		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V Am	ount	(A) (D)	Price	Transact (Instr. 3	tion(s)			III3u. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Cod	nsaction de (Instr. Securities Acquired (A) Expiration Date (Month/Day/Year) Ur		7. Title and of Securit Underlying Derivative (Instr. 3 and	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)				
				Cod	le V	(A)	(D)	Date Exercisable	Expirati Date	ion	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to Buy)	\$32.55	06/01/2023		A		124,168		(1)	06/01/20	033	Common Stock	124,168	\$0.00	124,16	8	D	
Restricted Stock Units	(2)	06/01/2023		A		30,721		(3)	(3)		Common Stock	30,721	\$0.00	30,72	1	D	

## Explanation of Responses:

- 1. 25% of this option shall vest and become exercisable on June 1, 2024, with the remainder vesting in thirty-six (36) monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date.
- 2. The shares reported in this transaction represent Restricted Stock Units ("RSUs") granted under the Cerevel Therapeutics Holdings, Inc. 2020 Equity Incentive Plan. Each RSU represents the contingent right to receive one share of the Issuer's common stock.
- 3. The RSUs vest in four equal annual installments on each of June 1, 2024, June 1, 2025, June 1, 2026 and June 1, 2027, subject to the Reporting Person's continued service on each such vesting date.

/s/ Mark Bodenrader, as Attorney-in-Fact 06/05/2023

\*\* Signature of Reporting Person Date

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

- \* 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.

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 Number.