## SEC Form 5

L

## FORM 5

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

Form 3 Holdings Reported.  $\square$ 

1(c). See Instruction 10

Form 4 Transactions Reported.

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** 

> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APP	OMB APPROVAL								
OMB Number:	3235-0362								
Estimated average burden									

hours per response 1.0

1. Name and Address of Reporting Person <sup>*</sup> Sulzberger Gabrielle			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cerevel Therapeutics Holdings, Inc.</u> [							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
				CERE ]										rector	itle		
(Last)	(F	irst) (I	Middle)											ficer (give t elow)	lue	belo	er (specify ow)
C/O CEREVEL THERAPEUTICS HOLDINGS, INC. 222 JACOBS STREET, SUITE 200			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023					ar)									
			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													X Fo	orm filed by	One Re	porting F	Person
CAMBRIDGE MA 02141			,										orm filed by erson	More th	an One F	Reporting	
(City)	(S	tate) (2	Zip)														
		Table	I - Non-Deriva	ative Secu	ritie	s Acc	quire	ed, Dis	posed	of,	or Be	enefici	ally O	vned			
1. Title of Security (Instr. 3) Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			Dispose	Secu Bene	nount of rities ficially ed at end of		ership 1: Direct r	7. Nature of Indirect Beneficial Ownership			
			(	,	, , ,		Amoun	unt (A (D		or Price		Issue	er's Fiscal (Instr. 3 and	Ìndire	ect (I)	(Instr. 4)	
Common Stock 0		08/29/2023		G			562		A	\$0.00			48,415	415			
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls, v										ned			
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/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Da Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)		d 7 s l	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivati Security (Instr. 5)	ve derivati Securit	ive ies ially ng ed ction(s)	10. Owners Form: Direct (i or Indir (i) (Instr	D) Beneficia D) Ownersh ect (Instr. 4)
							Date	cisable	Expiratio			Amount or lumber of Shares					

Explanation of Responses:

/s/ Mark Bodenrader, as Attorney-in-Fact

02/13/2024

\*\* 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.