Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Vashington,	DC	20540	
vasiiiiiqtoii,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	0.5							

					or Sec	ction 30(h) of the	Ínvestmer	nt Cor	npany Ac	t of 19	40					
Name and Address of Reporting Person*     Bodenrader Mark					2. Issuer Name <b>and</b> Ticker or Trading Symbol Cerevel Therapeutics Holdings, Inc. [ CERE ]						(Che	eck all appl Direct	icable) or	ng Person(s) to I		
(Last) (First) (Middle) C/O CEREVEL THERAPEUTICS HOLDINGS,					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023							2		Officer (give title below)  See Remarks		
INC. 222 JACOBS STREET, SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	X Form filed by One Reporting Person						
(Street) CAMBRIDGE MA 02141				Rule	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication								orting			
(City)	(S	tate)	(Zip)		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.											
		Table	e I - No	n-Deriva	ative S	ecurities Ac	quired,	Disp	osed	of, oı	r Ben	eficial	ly Owne	d		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)		Execution Date,				ies Acquired (A) Of (D) (Instr. 3, 4		4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			06/01/	2023		М		4,73	3	A	(1)	7,4	117 <sup>(2)</sup>	D	
Common Stock 06/02/			2023		S <sup>(3)</sup>		1,89	5	D	\$32.9	5,5	522 <sup>(2)</sup>	D			
		Ta	able II -			curities Acqı Ils, warrants							Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	n Date,	4. Transacti Code (Ins 8)	on of	6. Date Ex Expiration (Month/Da	Date		Amou Secu Unde Deriv	le and unt of rities erlying rative Se r. 3 and r		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownersh t (Instr. 4)

## **Explanation of Responses:**

(1)

1. Each restricted stock unit ("RSU") represents the contingent right to receive one share of the Issuer's common stock upon vesting and settlement.

Code

2. Includes 2,684 shares previously acquired under the Issuer's Employee Stock Purchase Plan.

06/01/2023

3. The Issuer has adopted a "sell-to-cover" policy to satisfy the tax withholding obligations of the Reporting Person. The sales reported on this Form 4 represent the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of RSUs. Such sales were automatic and intended to qualify under Rule 10b5-1.

Exercisable

(4)

Expiration

(4)

Date

Title

Stock

and 5)

(A)

(D)

4. On June 1, 2022, the Reporting Person was granted 18,932 RSUs under the Cerevel Therapeutics Holdings, Inc. 2020 Equity Incentive Plan. 25% of the RSUs vest on each of the first, second, third and fourth anniversary of June 1, 2022, subject to the Reporting Person's continued service relationship with the Issuer through each such date.

## Remarks:

Restricted

Units

Title: Senior Vice President, Finance and Chief Accounting Officer

/s/ Mark Bodenrader 06/05/2023

14,199

D

\*\* Signature of Reporting Person Date

Amount Number

Shares

4,733

\$0.00

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.