FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

gton, D.C. 20549
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OMB APPI	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours nor resnance:	0.5							

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

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 Ferson					2. Issuer Name <b>and</b> Ticker or Trading Symbol Cerevel Therapeutics Holdings, Inc. [ CERE ]						5. Relationship of Reporting Person(s) to Issa (Check all applicable)				er				
COLES N ANTHONY					Gerever Therapeuties Holdings, Inc. [ CERE ]						X	Director		10% Ov		ner			
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)						<b>⊢</b> x	Officer (give title below)			Other (specify below)				
			$_{\rm INC.}$ 0	02/09/2022							CEO and Chairperson								
222 JACOBS STREET, SUITE 200																			
l				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)													Line)	Corm fil	od by Ono F	Conortin	a Borcon		
CAMBR	IDGE M	IA	02141								^	Form filed by One Reporting Person Form filed by More than One Reporting				na			
,												Person							
(City)	(S	tate)	(Zip)																
Table I - Non-Derivat						tive Securities Acquired, Disposed of, or Benefic						ficially	cially Owned						
1. Title of Security (Instr. 3) 2. Transac					on	2A. Deem	3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4					5. Amoun		6. Owner		Nature of			
	(Month/Da						,	Code (Instr.				D) (Instr. 3, 4 and !		Beneficia	lly (	D) or Inc	ndirect B	ndirect Beneficial Dwnership	
					(Month/Day/Yea		ay/Year	` <del>  `                                  </del>		(A) or			Owned Fo	۱,	(I) (Instr.		Instr. 4)		
								Code	V	Amount	(A) (D)	or	Price	Transaction (Instr. 3 a					
			Table II - De	rivativ	ive Securities Acquired, Disposed of, or Beneficia						cially (								
(e.g., pı					uts, calls, warrants, options, convertible securitie					ies)									
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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisable		opiration ate	Title	or No	mount umber Shares		(Instr. 4)				
Stock Option (Right to Buy)	\$30.36	02/09/2022		A		425,772		(1)	02	2/09/2032	Commo Stock	n 42	25,772	\$0.00	425,772		D		

## **Explanation of Responses:**

1. 25% of this option shall vest and become exercisable on February 9, 2023, with the remainder vesting in thirty-six (36) monthly installments thereafter.

## Remarks:

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

02/11/2022

\*\* 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.