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

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response. | 0.5 | | | | | | | |

| | tion 1(b). | nue. See | | File | ed pur | suant t | o Section on 30(h) o | n 16(a of the | a) of the Secu Investment C | rities Exchan Company Act | nge Act of 1 of 1940 | 934 | | hours | per res | sponse: | 0.5 |
|--|---|--|----------------------|---------|---|---|--|------------------|---|------------------------------|---|--|---|--|------------------------------------|------------------------|---------|
| 1. Name and Address of Reporting Person* Mckernan Ruth | | | | | 2. Issuer Name and Ticker or Trading Symbol Cerevel Therapeutics Holdings, Inc. [CERE | | | | | | E (Ch | relationship (eck all applic | cable) or | g Pers | 10% Ov | vner | |
| (Last) | (Last) (First) (Middle) | | | | | ` - | | | | | | | Officer below) | (give title | le Other (spec below) | | specify |
| C/O CEREVEL THERAPEUTICS HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | | | | |
| 222 JACOBS STREET, SUITE 200 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | IDGE M | IA | 02141 | | - | | | | | | | Line | X Form f | iled by Moi | | orting Person One Repo | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Sec | curities | s Ac | quired, Di | isposed c | of, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 3 5) Disposed Of (D) (Instr. 3 5) | | | tr. 3, 4 and | Securities For Beneficially (D) | | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 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. Deeme Execution I if any (Month/Day | on Date, Tran Cod | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$16.41 | 01/04/2021 | | | A | | 80,945 | | (1) | 01/04/2031 | Common Stock | 80,945 | \$0.00 | 80,94 | 5 | D | |

Explanation of Responses:

1. This option shall vest and become exercisable in thirty-six (36) equal monthly installments over three (3) years beginning on January 4, 2021.

Remarks:

/s/ Mark Bodenrader, as 01/11/2021 Attorney-in-Fact

** 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.