FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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* Anthony Todd M. | | | | CU | 2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS INC [CPIX] | | | | | | | | (Ched | ck all applic | cable) | g Pers | son(s) to Iss 10% Ov Other (s | /ner | |
|--|--|--|-----------|-------|---|---|-------|-------------------------------------|---|---------|---|---|--------------------------------|---|---|---|-------------------------------------|--|--|
| (Last) 1600 WE | (F EST END A | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2024 | | | | | | | X | below) | | | below) | | |
| SUITE 1300 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) NASHV | ILLE T | N : | 37203 | | | | | | | | | | | X | | iled by Mor | | orting Perso | |
| (City) (State) (Zip) | | | | | Rı | 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. | | | | | | | | | | d to | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution | | | Transaction Dispose Code (Instr. 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, | | | Securitie Benefici | 5. Amount of Securities Beneficially Owned Following | | r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | ice | Transaction(s) (Instr. 3 and 4) | | | | iniau. 4) |
| Common Stock 03/23 | | | | 3/202 | 024 F 816 D | | \$ | 31.81 | 16,328 | | | D | | | | | | | |
| 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) | Execution | | 4. Transa Code (8) | | of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 1 (| 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Options (right to buy) | \$1.71 | 03/25/2024 | | | A | | 3,000 | | 03/25/202 | 8 0 | 3/25/2034 | Common Stock | 3,0 | 00 | \$1.71 | 15,000 |) | D | |

Explanation of Responses:

Remarks:

Todd M. Anthony by /s/ John Hamm as attorney-in-fact

03/26/2024

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).