FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.O. 200 to	Washington, D.C. 20549	
-------------------------	------------------------	--

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* Herman James L					CU	2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS INC [CPIX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 1600 WEST END AVENUE, SUITE 1300						3. Date of Earliest Transaction (Month/Day/Year) 03/24/2023								below)	.0	ompl	below)		
(Street) NASHVILLE TN 37203 (City) (State) (Zip)				-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	,	(Zip)	_		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.									i to				
		Tab	le I - Non	-Deriv	ative	Sec	uritie	s Acc	quired, D	ispo	sed o	f, or Be	neficial	ly Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (Instr. 5)					Benefici Owned I	ies For cially (D) Following (I) (: Direct or Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	' A	Amount	(A) or (D) Price			nsaction(s) str. 3 and 4)			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. Deemee Execution I if any (Month/Day	Date,	Code (Ir		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	tive (ties ed	Expiration D	Date Exercisable and xpiration Date lonth/Day/Year)			d f g Security id 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (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 Exercisable	Expir Date	ration	Title	Amount or Number of Shares						
Options (right to buy)	\$1.97	03/24/2023			A		4,000		03/24/2027	03/24	4/2033	Common Stock	4,000	\$0.00	12,000		D		

Explanation of Responses:

Remarks:

James L. Herman by /s/ John Hamm as attorney-in-fact

03/27/2023

** 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.