FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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

Name and Address of Reporting Person* Pavliv Leo			CU	2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS INC [CPIX]										all app	p of Reportir blicable) ctor er (give title	ng Pers	10% C		
(Last) (I 2525 WEST END . SUITE 950	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/26/2016									Λ	SVP	w) ``and Chief !	Devel	below) lopment (
(Street) NASHVILLE T		37203 Zip)		4. If	Ame	ndment,	Date o	f Origina	l Filed	I (Month/Da	ay/Ye	ar)		. Indivine)	Form	r Joint/Group n filed by On n filed by Mo on	e Repo	orting Pers	on
	Tabl	le I - Non	-Deriva	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed			
Date			2. Transa Date (Month/Da	ay/Year) Executi		A. Deemed xecution Date, any Month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			4 and S		Securities Beneficially		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 05/26/			5/2016				F		7,296	96 ⁽¹⁾ D \$		\$4.	.51	51 101,443			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		ate Execution Date, if any (Month/Day/Year) 8)		Code (IB)	ransaction of Derivativ Securitic Acquire (A) or Dispose of (D) (Instr. 3, and 5)		ative rities ired osed	6. Date Expiration (Month/L) Date Exercise	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			nt er				O. Ownership Form: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. This transaction represents shares withheld by the Company to cover the tax withholding obligations for the vesting of 18,950 shares during May 2016.

Remarks:

<u>Leo Pavliv by /s/ Michael</u> Bonner as attorney-in-fact

05/27/2016

Date

** Signature of Reporting Person

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

- * 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.

Know all by these presents, I hereby appoint Michael Bonner and Jean W. Marstiller, or any one of them, to act as my agent and attorney-in-fact for the purpose of completing, executing and filing on my behalf with the Securities and Exchange Commission, the NASDAQ Stock Market LLC or any other exchange or self-regulatory body, any Form 3 "Initial Statement of Beneficial Ownership of Securities", Form 4 "Statement of Changes in Beneficial Ownership of Securities", Form 5 "Annual Statement of Beneficial Ownership of Securities", Form 144 "Notice of Proposed Sale of Securities", Schedule 13D pursuant to Rule 13d-101 of the Securities Exchange Act of 1934, or any other similar form to report securities ownership that may, in the opinion of any of them be necessary, with respect to any transaction in securities of Cumberland Pharmaceuticals Inc.

Nothing herein shall relieve me of the responsibility for the accuracy of the information and representations contained in any Form 3, Form 4, Form 5, Form 144, Schedule 13D, or other similar form completed, executed and filed pursuant to this power of attorney.

This power of attorney shall supersede all similar prior powers of attorney and will remain effective as to the agents and attorneys-in-fact referred to above until I revoke or amend it by written notice to such persons or until the undersigned is no longer required to file Form 3, Form 4, Form 5, Form 144, Schedule 13D or other similar form completed, executed and filed pursuant to this power of attorney.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed on this 25th day of May 2016.

/s/ Leo Pavliv Leo Pavliv