FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
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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* JACOBS JOEY A						2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS INC [CPIX]										ationship of Reportir k all applicable) Director Officer (give title		ng Person(s) to Issuer 10% Owner Other (specify	
	ast) (First) (Middle) 525 WEST END AVENUE UITE 950						2011				Day/Year)		b	elow) (below)			
(Street) NASHVI (City)			37203 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> F F	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/					action	ar)	ecurities Acq 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trans	, Dis				(A) or	5. A Sec Ber Ow	5. Amount of Securities Beneficially Owned Following		Ownership m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount			(A) or (D)		Price	Tra	oorted nsaction(s) str. 3 and 4)			(Instr. 4)			
					4/2011 5/2011					╀	23,03	-	A	\$5 \$5	_	23,038 37,357		D D	
Common			03/15/2011 P 14,319 A \$5.14 37,357 D 03/16/2011 P 12,643 A \$5.04 50,000 D																
		Та									sed of, onvertib				/ Own	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)	(Instr	n of Deri Sec Acq (A) o Disp of (I	osed 0) tr. 3, 4	Expirati (Month/	ete Exercisable and iration Date inth/Day/Year) Expiration rcisable Date			or	ount nber	8. Price Derivativ Security (Instr. 5)	e derivative	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

Joey A. Jacobs: /s/ David L. Lowrance as attorney-in-fact

03/16/2011

** 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.

POWER OF ATTORNEY

Know all by these presents, I hereby appoint Jean W. Marstiller and David L. Lowrance, 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 7th day of January 2011.

/s/ Joey Jacobs