FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
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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

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Edwards Robert Recording Person			2. Date of Event Requiring Stater Month/Day/Yea 08/10/2009	ment	3. Issuer Name and Ticker or Trading Symbol  CUMBERLAND PHARMACEUTICALS INC [ CPIX ]							
(Last) 2525 WEST E	(First) ND AVE.	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 950						Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NASHVILLE	TN	37203							X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
		7	able I - Nor	n-Derivati	ive Se	ecurities Beneficial	y Owned					
1. Title of Security (Instr. 4)				nt of Securities ally Owned (Instr. 4)				Nature of Indirect Beneficial Ownership str. 5)				
Common Stock	(					300,198	D					
		(e. <u>ç</u>				urities Beneficially ptions, convertible		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exercisal Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		ercise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Direct (D) Derivative or Indirect Security (I) (Instr. 5)		or Indirect		
Options			12/31/2001	01/08/2011		Common Stock	60,500	1.63		D		
Options			01/04/2002	01/04/2012		Common Stock	13,348	1.63		D		
Options			05/18/2004	05/18/2014		Common Stock	21,560	6		D		

Explanation of Responses:

Remarks:

Robert Edwards by: /s/ Jean W. Marstiller, as Attorney-in-fact 08/10/2009

\*\* Signature of Reporting Person Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.