### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Bernard Gordon R  (Last) (First) (Middle)  2525 WEST END AVE.  SUITE 950  (Street)  NASHVILLE TN 37203						2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS INC [ CPIX ]  3. Date of Earliest Transaction (Month/Day/Year) 09/20/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)								6	Check X	all app Direct Offict below idual of	olicable) etor er (give title w)  r Joint/Group n filed by One	10% Owner Other (specify below)  Filing (Check Applicable Reporting Person e than One Reporting	
(City)	(St	ate) (	Zip)																
		Tabl	e I - No	n-Deriv	/ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Bene	fici	ally (	Owne	ed		
Date				2. Transa Date (Month/D	ay/Year) Execu		A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Secu Bene		cially d Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of Indirect
		Code	v	Amount						(A) or (D)	Price	Trans		action(s) 3 and 4)		(			
Common Stock				09/20/	09/20/2019				S		3,700(1)(2	2)(3)	D	\$5.31		8,870		D	
Common Stock 09/23/					/2019	2019			S		4,400(1)(2	2)(4)	D	\$5.27		4,470		D	
Common Stock 09				09/25/	/2019				S		3,470(1)(2	!)(5)	D	\$5.31		1,000		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)	3A. Deer Execution if any (Month/L		4. Transa Code ( 8)		5. Nu of Deriv Secul Acqu (A) on Dispo of (D) (Instr and 5	ative rities ired osed	6. Date I Expirati (Month/I	on Da Day/Yo		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		unt ber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)

# **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person during March 2019. This plan was established due to the policy change at Vanderbilt Medical Center requiring that senior executives divest holdings in biopharmaceutical companies.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.38 to \$5.20, inclusive. The reporting person undertakes to provide to Cumberland Pharmaceuticals Inc., any security holder of Cumberland Pharmaceuticals Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (2) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.38 to \$5.25, inclusive.
- 4. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.31 to \$5.21, inclusive.
- 5. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.35 to \$5.20, inclusive.

#### Remarks:

Gordon R. Bernard by /s/ Michael Bonner as attorney-in- 09/27/2019

\*\* 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.