

# CUMBERLAND PHARMACEUTICALS INC

Reported by  
**ANTHONY TODD M.**

## **FORM 4** (Statement of Changes in Beneficial Ownership)

Filed 03/18/25 for the Period Ending 03/17/25

Address      1600 WEST END AVENUE  
                  SUITE 1300  
                  NASHVILLE,, TN, 37203

Telephone     615-255-0068

                  CIK    0001087294

Symbol        CPIX

SIC Code      2834 - Pharmaceutical Preparations

Industry      Pharmaceuticals

Sector        Healthcare

Fiscal Year   12/31

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See Instruction 1(b).*

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.

OMB APPROVAL  
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 <sup>*</sup>  <b>Anthony Todd M.</b>  (Last) (First) (Middle)  <b>1600 WEST END AVE., SUITE 1300</b>  (Street)  <b>NASHVILLE, TN 37203</b>  (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol  <b>CUMBERLAND PHARMACEUTICALS INC [ CPIX ]</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Vice Pres Organizational Dev</b>					
			3. Date of Earliest Transaction (MM/DD/YYYY)  <b>3/17/2025</b>				4. If Amendment, Date Original Filed (MM/DD/YYYY)				6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Amount	(A) or (D)		

**Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)							
Options (right to buy)	\$5.17	3/17/2025		A		3,000			3/17/2029	3/17/2035	Common Stock	3,000	\$5.17	18,000	D

#### Explanation of Responses:

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>Anthony Todd M. 1600 WEST END AVE. SUITE 1300 NASHVILLE, TN 37203</b>			<b>Vice Pres Organizational Dev</b>	

#### Signatures

**Todd M. Anthony** by /s/ John Hamm as attorney-in-fact

**3/18/2025**

<sup>\*\*</sup>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 control number.