FORM 4

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

VIIIEO A	7110			UU
Washington	DC	205/10		

OMB APPROVAL										
OMB Number:	3235-0287									

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

Check this box to indicate that a

Filed pursuant to or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: 3	3235-0287		
	Estimated average burde	en		
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
r ned pursuant to deciding for the deciding Act of 1904				

	transaction was made pulsuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.
1. N	lame and Address of Reporting Perso

1. Name and Address of Reporting Person* BEAUDOIN THOMAS L						2. Issuer Name <b>and</b> Ticker or Trading Symbol Cerence Inc. [ CRNC ]								all app Direc	tor	ng Pers	10% Ov	wner	
(Last) 25 MAL	(Fii L ROAD	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024								Office below	er (give title v)		Other (s	specify	
SUITE 4	16				4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURLIN	IGTON M.	A 0	1803											<b>V</b>		filed by One filed by Mo		J	
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired	, Dis	posed of	, or E	Bene	ficially	Own	ed			
Date				2. Transac Date (Month/Da	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Secur Benef		cially I Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Pr		Price	Transa	ction(s) 3 and 4)	(iiis		(111511. 4)	
Common	Stock			11/25/2	2024			S		12,088(1)	I	)	\$7.21	188,966		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  1. Title of Conversion or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution Date if any (Month/Day/Year)		ion Date,		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code						Expiration Date	Title	Amor or Num of Share	ber					

## **Explanation of Responses:**

1. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of PSUs. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.

/s/ Jennifer Salinas, Attorney-

11/26/2024

\*\* 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.