SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-

Estimated average burden 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

Req		vent tatement /Year) 2	3. Issuer Name and Ticker or Trading Symbol <u>Cerence Inc.</u> [CRNC]						
(Last) (First) (Middle) 1 BURLINGTON WOODS 3RD FLOOR, SUITE #301A			Issuer	ationship of Reporting k all applicable) Director Officer (give	Person(s) to 10% Owner Other (specify		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 		
(Street) BURLINGTON MA 01803 (City) (State) (Zip)	,			title below)	below)		X	Person	by One Reporting by More than One Person
Table I - Non-Derivative Securities Beneficially Owned									
				unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
L. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)					ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivativ Security	/e	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Jennif</u>	<u>er Salinas,</u>
<u>Attorney</u>	-in-Fact

05/05/2022

Date

** Signature of Reporting Person

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 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.

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