SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

1. Name and Address of Reporting Person* Fitzgerald Leanne	2. Date of Event Requiring Stateme (Month/Day/Year) 09/06/2019		3. Issuer Name and Ticker or Trading Symbol <u>Cerence Inc.</u> [CRNC]					
(Last) (First) (Middle) 15 WAYSIDE ROAD (Street) BURLINGTON MA 01803 (City) (State) (Zip)			A. Relationship of Reporting Perso (Check all applicable) X Director X Officer (give title below) Vice President and S	ble) 10% Owner	er	 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership Istr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercis Expiration Date (Month/Day/Ye	e	3. Title and Amount of Securi Underlying Derivative Securi		4. Convers or Exerc	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:		Expiration Date	Title	Amount or Number of Shares		Direct (D) e or Indirect (I) (Instr. 5)		

Remarks:

No securities are beneficially owned.

/s/ Leanne Fitzgerald

<u>09/06/2019</u>

** Signature of Reporting Person

n 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 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.