FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	$D \subset \mathcal{C}$	0540			

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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 for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Cerence Inc. [CRNC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Roman Katherine					Coronec mo. [Civic]									D	rector		10% O	wner		
					0 D-									_		fficer (give title elow)	Э	Other (below)	specify	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024									VP Corpor	rate C	Controller			
25 MALL ROAD				11/25/2024																
SUITE 416																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Lin	,				
BURLINGTON MA 01803														Form filed by One Reporting Person						
																	orm filed by M erson	ore tha	an One Rep	orting
(City)	(State	e) (Z	ľip)																
			Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally O	vned			
1. Title of Security (Instr. 3) 2. Transact Date				Execution Date,			3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			(A) or 3, 4 aı	A) or 5. Amount of Securities Beneficially		For	m: Direct	7. Nature of Indirect Beneficial					
(Month/D			ay/Year) if any (Month/Day/Yea		nth/Day/Year)		Code (Instr. 5)		5)				Ow	ned Following		D) or Indirect) (Instr. 4)	Ownership			
						Code	v	Amount	(A) or)	Price	Tra	orted nsaction(s) tr. 3 and 4)			(Instr. 4)				
					2024				-	50.7(1)				÷	· · ·		_			
Common Stock 11/25/2					2024				S		635(1)		D	\$7.2	21	37,330		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date		s. Transaction Date Month/Day/Year)	Execution if any	3A. Deemed Execution Date, If any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivati Security (Instr. 5	derivative Securities	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
								(Instr. 3, 4 and 5)									(Instr. 4)			
						Code	v	(A)		Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares					

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

in-Fact

** 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.