Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| OMB API | PROVAL | | | | | | | |
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| hours per respons | se: 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

| 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) | | | | | | | |
|--|---|--|---------|---|--|--|--------|--|----------------|--|--------------------|------------|---|--|---|---|---|---|------------|--|
| Ortmanns Stefan | | | | | Colones mo. | | | | | | | X | Direc | tor | | 10% Ov | vner | | | |
| (Last) | , | First) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024 | | | | | | | \neg | X | below | er (give title v) Chief Exec | utive | Other (s below) | specify | | |
| 25 MALL ROAD | | | | | | | | | | | | | | | | | | 0111001 | | |
| SUITE 416 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| BURLINGTON MA 01803 | | | | | | | | | | | | | | Form filed by More than One Reportin Person | | | | | orting | |
| (City) | (; | State) (2 | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | 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. | | | | | | | | | | nded to | | | | | |
| | | Table | I - N | on-Deriva | tive S | Secui | rities | Acc | uired | d, Dis | posed of | , or B | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | /Year) Executi | | ution Date, | | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | nd 5) | 5. Amount of Securities Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Ï | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/14/20 | | | | 024 | | | S | | 21,446(1) | D | \$14. | 734 | 734 552,539 | | | D | | | | |
| | | Tal | ble II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. ic of orivative | | | of Expi | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. The sale reported on this Form 4 represents shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 12/14/2023.

/s/ Jennifer Salinas, Attorney-

03/15/2024

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.