FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
l	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).

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*						2. Issuer Name and Ticker or Trading Symbol Cerulean Pharma Inc. [CERU]										olicable)	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O CERULEAN PHARMA INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/25/2016									Office below	er (give title v)		Other (specify below)	
35 GATEHOUSE DRIVE (Street) WALTHAM MA 02451 (City) (State) (Zip)				4. If	4. 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 Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 1)					and 5) Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 01/25/20					2016	016		P ⁽¹⁾		4,500	A	\$2.3	184 ⁽²⁾	93,603		D		
Common Stock 01/26/20					2016	016		P ⁽¹⁾		4,300	A \$2.443		435 ⁽³⁾	97,903		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Insti		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. These purchases were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 4, 2015.
- 2. Represents the weighted average purchase price for shares purchased in multiple transactions. Purchase prices ranged from \$2.29 to \$2.43 per share. Upon request of the staff of the Securities and Exchange Commission, the issuer or a security holder of the issuer, the reporting person will provide full information regarding the number of shares purchased at each separate price.
- 3. Represents the weighted average purchase price for shares purchased in multiple transactions. Purchase prices ranged from \$2.33 to \$2.50 per share. Upon request of the staff of the Securities and Exchange Commission, the issuer or a security holder of the issuer, the reporting person will provide full information regarding the number of shares purchased at each separate price.

Remarks:

/s/ Alejandra Carvajal, as attorney-in-fact for David R. 01/27/2016 Walt

** 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.