П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject t	to
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

-	hours per response:	0.5
	Estimated average burden	

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Cerulean Pharma Inc. [CERU]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WALT DAVID R				X	Director	10% Owner			
(Last) (First) (Middle) C/O CERULEAN PHARMA INC.			3. Date of Earliest Transaction (Month/Day/Year) 01/19/2016		Officer (give title below)	Other (specify below)			
35 GATEHOUSE DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ividual or Joint/Group Filing (Check Applicable				
(Street) WALTHAM MA 02451		02451		x	Form filed by One Re Form filed by More th				
,					Person	an one Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(instr. 4)
Common Stock	01/19/2016		P ⁽¹⁾		4,400	A	\$2.5169 ⁽²⁾	75,603	D	
Common Stock	01/20/2016		P ⁽¹⁾		4,500	Α	\$2.3524 ⁽³⁾	80,103	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	Derivative (Month/Day/Year) Securities Acquired (A) or Disposed			7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A) (D)		Date Expiration Exercisable 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 \$2.49 to \$2.55 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 \$2.19 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.

Remarks:

/s/ Alejandra Carvajal, as

attorney-in-fact for David R. Walt

<u>01/21/2016</u>

** 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.