

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
COHEN RON					Acorda Therapeutics, Inc. [ ACOR ]											
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X Director10% Owner  X Officer (give title below) Other (specify below)				
					3/16/2023							President and CEO				
C/O ACORDA THERAPEUTICS, INC., 2 BLUE HILL PLAZA, 3RD FLOOR					3/10/2023											
(Street)				4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)					
PEARL RIVER, NY 10965												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Stat	e) (Zip	p)	Ru	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.											
			Table I -	Non-Der	ivative	e Secu	ırities Ac	quir	ed, Dis <sub>l</sub>	posed o	f, or Be	neficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. E				Trans. Date			3. Trans. Co (Instr. 8)	de	e 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)				mount of Securities Beneficially Owned owing Reported Transaction(s) tr. 3 and 4)			Beneficial Ownership
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 3/16/202				3/16/2023			P		10156	A	\$0.60 <sup>(1)</sup>	1	139757		D	
Common Stock 3/17/202				3/17/2023			P		10000	A	\$0.65	149757		D		
	Tab	le II - Der	ivative S	securities l	Benefi	cially	Owned (	e <b>.g.</b> ,	puts, c	alls, wa	rrants,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Execu	3A. Deeme Execution Date, if any	(Instr. 8)	Acquired Disposed		ve Securities I (A) or		6. Date Exercisable and Expiration Date		Securitie	nd Amount of s Underlying re Security and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Dat Exe	e l rcisable l	Expiration Date		nount or Number of ares		Transaction(s) (Instr. 4)		

## **Explanation of Responses:**

(1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.590 to \$0.600. The reporting person undertakes to provide to Acorda Therapeutics, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
COHEN RON							
C/O ACORDA THERAPEUTICS, INC.	v		 President and CEO				
2 BLUE HILL PLAZA, 3RD FLOOR	Λ		r resident and CEO				
PEARL RIVER, NY 10965							

## **Signatures**

/s/ Ron Cohen	3/20/2023		
** Signature of Panorting 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 control number.