FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

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 10b5-1(c). See

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

Instructio	on 10.																		
1. Name and Address of Reporting Person* Khattar Jack A.						2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC.							Ch (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kildital Jack A.						SUPN]								Directo			10% Ov		
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC.,						•							[Officer below)	(give title		Other (s below)	pecify	
						3. Date of Earliest Transaction (Month/Day/Year)								President, CEO					
9715 KEY WEST AVENUE					08/2	08/27/2024													
7/13 RET WEST AVENUE						If Amendment, Date of Original Filed (Month/Day/Year)							6 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street)						and an engine in the (months ay) real)							Line	Line)					
ROCKVII	LLE ME	2	0850											Form filed by One Reporting Person					
					,									Form filed by More than One Reporting Person					
(City)	(Sta	te) (2	Zip)											. 0.00					
		Tabl	e I - Nor	n-Deriv	/ative	Se	curities	Acc	quired,	Dis	posed of	f, or Bei	neficiall	y Owned					
1. Title of Se	ecurity (Instr.	3)		2. Trans	saction				3. 4. Securities Acquired (A)				d (A) or	5. Amount of		6. Ownership		7. Nature of	
					Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr.		5)		tr. 3, 4 and	Securitie Beneficia	illy (D	(D) or	Indirect	Indirect Beneficial	
														Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)	
										۱v	Amount	(A) or (D)	Price	Transact (Instr. 3 a					
Common Stock						T								915	,217		D		
						寸							1					By the	
Common Stock													1,02	2,450			KBT		
																	-	Trust	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
								•	,	•	onvertib		•	Owned					
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. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securi	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Performance Share Unit	\$0	08/27/2024			A		21,000		(1)		(1)	Common	21,000	\$0	21,00	00	D		

Explanation of Responses:

Share Unit

1. On February 23, 2023, the Reporting Person was awarded Performance Share Units a portion of which vested upon the achievement of individual performance objectives within a defined performance period, which objectives were established on June 12, 2023.

/s/ Timothy C. Dec, as attorney-08/27/2024 in-fact

** Signature of Reporting Person

Stock

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.