## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, B.O. 20010										

	OMB APPROVAL									
	OMB Number:	3235-0287								
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0.5

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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 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 Instruction 10.

### 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

matiuc	don 10.																	
1		Reporting Person*			2. I	Issue	Name	e and Tic	ker or Tra	ading	Symbol	LS IN		Relationship leck all appli		g Pers	on(s) to Iss	uer
GEMAYEL GEORGES						SUPERNUS PHARMACEUTICALS, INC. [SUPN]								<b>✓</b> Directo			10% Ov	- 1
(Last)	(F	irst)	(Middle)		Ĺ										(give title		Other (s below)	specify
C/O SUPERNUS PHARMACEUTICALS, INC.,						Date of 13/2		iest Trans	saction (N	Month	/Day/Year)							
9715 KEY WEST AVENUE																		
(Street)					-   4.1	It Ame	endme	nt, Date o	of Origina	al File	d (Month/Da	iy/Year)	Lin	,	Joint/Group	Filing	(Check Ap	plicable
ROCKV	ILLE M	ID	20850												•		rting Person	
					-									Persoi		e illali	One Repor	ung
(City)	(S	tate)	(Zip)															
		Tab	le I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3)			Date			Execution Date,		3. Transaction Code (Instr. 3, 4 a 0) 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock		09/13	3/2024				S		3,886	D	\$31.33	(1) 13	13,315		D			
Common Stock			09/13	3/2024	2024			М		10,000	A	\$11.4	6 23	23,315		D		
Common Stock 09/13			3/2024				S		10,000	D	\$31.33	(1) 13	,315		D			
		-	Table II								oosed of, convertil			Owned		,	,	
1. Title of Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year)			4. Transa	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Inst 3, 4 and 5)		umber ivative urities uired or posed O) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an	d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Director Stock Option (Right to	\$11.46	09/13/2024			М			10,000	03/23/20	016	03/23/2025	Common Stock	10,000	\$0	25,00	0	D	

# **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$31.12 to \$31.50. The Reporting Person undertakes to provide to Supernus Pharmaceuticals, Inc. ("Supernus"), any security holder of Supernus, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.

#### Remarks:

/s/ Timothy C. Dec, as attorneyin-fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).