FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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hours per response:	0.8										

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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 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

Name and Address of Reporting Person* Khattar Jack A.					2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN]								5. Relationship of Reportin (Check all applicable) Director			n(s) to Issu				
(Last) (First) (Middle)						SOLIN J								V	Officer (give title below)			Other (s	specify	
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC., 9715 KEY WEST AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									President, CEO						
(Street) ROCKVILLE MD 20850					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Sta	ate) ((Zip)		Person															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owner following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	r	Price	Reported Transaction (Instr. 3 and	on(s) nd 4)			(Instr. 4)	
Common Stock 09/03/					3/2024	2024 M 21,000 ⁽¹⁾) A		\$ <mark>0</mark>	936,217		D							
Common Stock 09/03					5/2024		F		10,045(2) D		\$34.9	926,	926,172		D				
Common Stock														1,022	1,022,450		I :	By the KBT Trust		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		Date	Execution Date, if any		ransaction code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code V		(A)	(D)	Date Exercisable		Expiration Date	or Num of		lumber	Transaci (Instr. 4)		on(s)					

Explanation of Responses:

\$0

Performance

1. Shares of common stock received upon the settlement of certain Performance Share Units granted to the Reporting Person on February 23, 2023.

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- 2. Represents the number of shares of common stock withheld by the Company to satisfy tax withholding requirements in connection with the vesting of Performance Share Units.
- 3. 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.

(3)

(3)

21,000(1)

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

09/03/2024

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

** Signature of Reporting Person

21,000

Date

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

09/03/2024

** 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.