FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 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). 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*  Martin Tami Tillotson  (Last) (First) (Middle)  C/O SUPERNUS PHARMACEUTICALS, INC.,  9715 KEY WEST AVENUE					SI [ S	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [ SUPN ] 3. Date of Earliest Transaction (Month/Day/Year) 08/30/2023									(Che	below)	cable) or (give title	-	10% Ov Other (s below)	wner specify
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	ILLE M	D :	20850													X Form filed by One Reporting Person Form filed by More than One Report Person				- 1
(City) (State) (Zip)						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.												
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ac	qu	ıired, [	Dis	posed c	of, or B	ene	ficiall	y Owned	<u> </u>			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date			Code (Inst							5. Amou Securition Benefici Owned I Reporte	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) (D)	or 1	Price	Transac (Instr. 3	ction(s)			(111501.4)
Common Stock 08/30					0/2023	2023				М		8,100	) A		\$23.9	9 93	93,349		D	
Common Stock 08/30				0/2023	′2023				S		8,100	) D		<b>\$32</b> <sup>(1)</sup>	85,249		249 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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Fransaction Code (Instr. 3)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title	or Nu of	ımber					
Employee Stock Option (Right to Buy)	\$23.99	08/30/2023			М			8,100		(2)	0	2/21/2030	Commor Stock	8,	,100	\$0	13,900	)	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 \$32.00 to \$32.01, inclusive. 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.

2. The option vests in four equal annual installments beginning on February 21, 2021.

/s/ Timothy C. Dec, as 09/01/2023 attorney-in-fact

\*\* 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.