FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e: 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* SIEBERT JOHN M						2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC.									_ (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SIEBERT JOHN IN				[S	[SUPN]										irecto			10% O	·			
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC. 9715 KEY WEST AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024										fficer elow)	(give title		Other (below)	specify		
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
															:	X Form filed by One Reporting Person						
(Street) ROCKV	ILLE M	D :	20850													Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rι	Rule 10b5-1(c) Transaction Indication																
Check this box to indicate that a transaction was made satisfy the affirmative defense conditions of Rule 10b5-													tructio	on or written	plan t	hat is intende	ed to					
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quire	l, Di	isp	osed c	f, or B	ene	eficiall	ly Ow	nec	ı				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					2A. Deemed Execution Date of any (Month/Day/Ye			Cod	sacti e (Ins	tion Dispose		ities Acqu d Of (D) (I		Sec Bei Ow	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Cod	e v		Amount	(A) or (D)		Price	Tra	nsact	tion(s) and 4)			(Instr. 4)		
Common	Stock															84	,057		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisab Expiration Date (Month/Day/Year)		r) Amo Secu Unde Deriv		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	tive ty	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Exp Dat	piration te	Title	or No	umber							
Director Stock Option (Right to Buy)	\$27.94	02/22/2024			A		8,252		(1)		02/	22/2034	Common Stock	8	3,252	\$0		8,252	:	D		
Restricted Stock Units	(2)	02/22/2024			A		5,369		(3)			(3)	Common	5	5,369	\$0		5,369		D		

Explanation of Responses:

- 1. The option vests on February 22, 2025.
- 2. Each restricted stock unit represents the right to receive one share of Supernus common stock upon vesting.
- 3. These restricted stock units will be settled in common stock upon vesting, which will occur on February 22, 2025.

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

02/26/2024

** 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.