FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

DATRICK CRECORY S			2. Date of Ever Requiring State (Month/Day/Ye	ement ear)	3. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS INC [ SUPN ]						
(Last) (First) (Middle)			04/30/2012		Relationship of Reporting Pers (Check all applicable)		, ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
C/O SUPERNUS PHARMACEUTICALS, INC. 1550 EAST GUDE DRIVE					X	Officer (give title below)  VP, Chief Financia	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One		
(Street) ROCKVILLE	MD	20850								Reporting P	'
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				1	2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		Title and Amount of Security     Underlying Derivative Security			4. Conversion or Exercise		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Expiration Exercisable Date		n Title		Amount or Number of Shares	Price ( Deriva Securi	of itive	Direct (D) or Indirect (I) (Instr. 5)		
Employee Stock Option (right to buy)		(1)	12/30/2021		Common Stock	105,000	5.8	88	D		

## **Explanation of Responses:**

1. 25% of the shares subject to the option will vest on 12/30/12, and the remaining shares subject to the option will vest in approximately equal quarterly installments over the following three years.

#### Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

/s/ Gregory S. Patrick 04/30/2012

\*\* 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 5 (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.