(City)

(State)

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

of Indirect Beneficial Ownership (Instr. 4)

Ownership (Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0	r Se	ction 30	(h) of the I	nvestmer	t Co	mpany A	ct of 19	940						
1. Name and Address of Reporting Person* NEW ENTERPRISE ASSOCIATES 11				11	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS INC [SUPN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
<u>LP</u>					Ŀ	INC	<u>.</u> [SU.	PN J							Officer (g	ive title	Λ		(specify
(Last)	t) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/04/2012								below)			below		
1954 GREENSPRING DRIVE, SUITE 600				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
														Line)	Form filed	d by One	e Repo	orting Per	son
(Street) TIMONIUM	I MD		21093											X	Form filed Person	d by Mor	e than	One Rep	oorting
(City)	(Stat	e)	(Zip)																
		Tab	le I - N	lon-D	erivat	ive	Secur	rities Acc	quired,	Dis	posed	of, o	r Ben	eficially	Owned				
1. Title of Sec	urity (Instr.	. 3)		Date	nsaction n/Day/Yo		if any	emed ion Date, n/Day/Year)	3. Transac Code (li 8)				Acquire (D) (Inst	r. 3, 4	5. Amount Securities Beneficiall Owned	ly	Form (D) or Indire	ect (I)	7. Nature of Indired Beneficia Ownersh
									Code	v	Amour	nt	(A) or (D)		Following Reported Transactio (Instr. 3 and	n(s)	(Instr	. 4)	(Instr. 4)
Common Sto	ock			05/0	04/201	2			С		6,241	,250	Α	(1)	6,241,	250]	D ⁽²⁾	
Common Sto	ock			05/0	04/201	2			P		4,400	,000	A	\$5	10,641	,250]	D ⁽²⁾	
			Table					ties Acqu varrants,						ally Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		3A. Deen Executio any (Month/I	n Date, if		Transaction de (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Securities Underlyin Derivative Security and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned	ve es ially	10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
	Security				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares		Followin Reporte Transac (Instr. 4)	ed tion(s)	(I) (Instr. 4)	
Series A Preferred Stock	(1)	05/04/2012			С			24,965,000	02/14/20	006	(1)		nmon ock	6,241,250	\$0	0		D ⁽²⁾	
I		Reporting Perso																	
NEW EN	<u> TERPF</u>	RISE ASSO	<u>JCIA</u>	IES '	<u>11 L</u>														
(Last)	(F	First)	(M	liddle)															
1954 GREE	NSPRINC	G DRIVE, SUI	TE 600																
(Street)	I M	ſD	21	1093			-												
(City)	(S	State)	(Z	ip)			-												
1. Name and A		Reporting Person	n [*]																
(Last) 1954 GREE SUITE 600	,	First) G DRIVE	(M	liddle)															
(Street)	I M	ſD	21	1093			-												

(Last) 1954 GREENSP	(First) RING DRIVE, SUITI	(Middle) E 600	
(Street) TIMONIUM	MD	21093	
(City)	(State)	(Zip)	
1. Name and Addre	ss of Reporting Person*		
(Last) 1954 GREENSP SUITE 600	(First) RING DRIVE	(Middle)	
(Street) TIMONIUM	MD	21093	
(City)	(State)	(Zip)	
1. Name and Addre	ss of Reporting Person*		
(Last) 1954 GREENSP SUITE 600	(First) RING DRIVE	(Middle)	
(Street) TIMONIUM	MD	21093	
(City)	(State)	(Zip)	
1. Name and Addre	ss of Reporting Person*		
(Last) 1954 GREENSP SUITE 600	(First) RING DRIVE	(Middle)	
(Street) TIMONIUM	MD	21093	
(City)	(State)	(Zip)	
	ss of Reporting Person*		
(Last) 1954 GREENSP SUITE 600	(First) RING DRIVE	(Middle)	
(Street) TIMONIUM	MD	21093	
-	(State)	(Zip)	

	ss of Reporting Person							
(Last)	(First)	(Middle)						
1954 GREENSP	RING DRIVE							
SUITE 600								
(Street)								
TIMONIUM	MD	21093						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* PERRY MARK W								
(Last)	(First)	(Middle)						
1954 GREENSP	RING DRIVE							
SUITE 600								
(Street)								
TIMONIUM	MD	21093						
(City)	(State)	(Zip)						
1. Name and Addre	ss of Reporting Person	•						
(Last)	(First)	(Middle)						
1954 GREENSP	RING DRIVE							
SUITE 600								
(Street)								
TIMONIUM	MD	21093						
(City)	(State)	(Zip)						

Explanation of Responses:

1. Each share of Series A Preferred Stock automatically converted into 0.25 shares of Common Stock (together the shares of Series A Preferred Stock and the shares of Common Stock, the "Shares") without payment of consideration upon the closing of the Issuer's initial public offering. The shares of Series A Preferred Stock do not have an expiration date.

2. The Shares are directly held by New Enterprise Associates 11, Limited Partnership ("NEA 11") and indirectly held by NEA Partners 11, Limited Partnership ("NEA Partners 11"), the sole general partner of NEA 11, NEA 11 GP, LLC ("NEA 11 GP"), the sole general partner of NEA Partners 11, and the individual managers of NEA 11 GP (NEA Partners 11, NEA 11 GP and the individual managers of NEA 11 GP together, the "NEA 11 Indirect Reporting Persons"). The individual managers of NEA 11 GP are M. James Barrett, Peter J. Barris, Forest Baskett, Ryan D. Drant, Krishna "Kittu" Kolluri, C. Richard Kramlich, Charles W. Newhall III, Mark W. Perry and Scott D. Sandell. The NEA 11 Indirect Reporting Persons disclaim beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the NEA 11 Shares in which the NEA 11 Indirect Reporting Persons have no pecuniary interest.

/s/ Louis Citron, attorney-infact 05/08/2012

** 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 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.