FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
-------------	------------	--

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

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* Martin Tami Tillotson				SU	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN]									tionship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC.				NC.		ate of 22/20		st Tran	saction (N	Ionth	'Day/Year)		helow)	below) below) Sr. V.P., Regulatory Affairs				
9715 KEY WEST AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year) 02/24/2023							Individual or Joint/Group Filing (Check Applica				·		
(Street) ROCKVILLE MD 20850				X Form filed by One Reporting P Form filed by More than One F Person										J				
(City) (State) (Zip)					Rı	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.												
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired	Dis	posed (of, or Be	eneficia	lly Owne	d			
""" ""			2. Transaction Date (Month/Day/Year)		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Benefic	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) o (D)	Price	Transac	saction(s) r. 3 and 4)			(111501.4)	
Common Stock			02/22	2/2023				A		750	A	\$0	90,	323(1)		D		
Common	Common Stock 02/22/2			′2023			F		289(2	2) D	\$38.5	57 90	90,034		D			
		Т										, or Ber ible sec		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	n Date,	4. Transa Code (8)				6. Date E: Expiration (Month/D	Date		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(3)	02/22/2023			D			750	(4)		(4)	Common Stock	750	\$0	2,250		D	

Explanation of Responses:

- $1. \ Includes \ an \ aggregate \ of \ 853 \ shares \ acquired \ by \ the \ Reporting \ Person \ through \ the \ Issuer's \ Employee \ Stock \ Purchase \ Plan.$
- 2. Represents the number of shares of common stock withheld by the Company to satisfy tax withholding requirements in connection with the RSU vesting.
- 3. Each restricted stock unit represents the right to receive one share of Supernus common stock upon vesting.
- 4. These restricted stock units will be settled in common stock upon vesting, which will occur in four equal annual installments, beginning on February 22, 2023.

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

04/12/2023

** 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.