FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| washington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
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| hours per response: | 0.5 | | | | | | | | |

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* <u>GEMAYEL GEORGES</u> | | | | SU | 2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN] | | | | | | | | | (Ch | eck all appli X Directo | tionship of Reporting all applicable) Director | | 10% Ov | vner | |
|---|--|--|---|--------|--|---|---|--|---|----------------------------------|---|--|-------|------------------|---|--|-------------------------------------|--|--|---------|
| (Last) | ` | irst) HARMACEUTI | (Middle) | ſС., | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| 9715 KEY WEST AVENUE | | | | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | ILLE M | ID : | 20850 | | | | | | | | | | | | | | iled by Mor | | orting Persor | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | | | | | | | ction was r | | | | | on or written | plan t | hat is intende | d to |
| | | Tab | le I - Non | -Deriv | ative | Sec | curiti | ies Ac | qu | ired, I | Disp | osed o | of, o | r Ben | eficial | ly Owne | t | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/D | | | | | ar) E | xecut f any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | Benefici | es For ially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) Price | | Transac | Transaction(s) (Instr. 3 and 4) | | | msu. 4) |
| Common Stock 02/2 | | | | 02/23 | 3/2024 | | | | | A | | 3,886 | | A | \$ <mark>0</mark> | 17 | 17,201 | | 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. Deemed Execution D if any (Month/Day | Date, | Date, Transac Code (Ir | | of Deri Sec Acq (A) of Disp of (I | erivative ecurities cquired (A) or isposed | | Date Exe piration onth/Day | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 4) | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C s s llly D o (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da Ex | te ercisabl | | xpiration ate | Title | N o | Amount or Number of Shares | | | | | |
| Restricted Stock Unit | (1) | 02/23/2024 | | | D | | | 3,886 | | (2) | | (2) | | nmon ock | 3,886 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit represents the right to receive one share of Supernus common stock upon vesting.
- $2. These \ restricted \ stock \ units \ are \ settled \ in \ common \ stock \ upon \ vesting, \ which \ occurred \ on \ February \ 23, \ 2024.$

/s/ Timothy C. Dec, as attorney-in-fact 02/27/2024

** 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.