FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
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hours per response	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* Bhatt Padmanabh P.					SU	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN]								(Ch	eck all applic	cable)	g Person	Person(s) to Issuer 10% Owner Other (specif		
(Last)	st) (First) (Middle) O SUPERNUS PHARMACEUTICALS, INC.,					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024									x below)					
9715 KEY WEST AVENUE					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	reet) OCKVILLE MD 20850														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	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.														
		Tab	le I - No	n-Deriv	vative	Sec	uriti	ies Ac	quire	l, Di	sposed	of, oı	r Ben	eficial	ly Owned	k				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date		on Date	Code (Instr.		n Dispose				Benefici Owned	es ally Following	6. Owne Form: D (D) or In (I) (Instr	Direct of Direct Endirect Er. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(instr. 4)	
Common Stock 02/23/2					3/2024	/2024			A		1,25	0	A	\$0	9,	208	D)		
Common Stock 02/23/				3/2024				F		638(1)	D	\$29.0	6 8,	570	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. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		te	Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Di or (I)). wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	N 0	Amount or Number of Shares						
Restricted Stock Unit	(2)	02/23/2024			D			1,250	(3)		(3)		nmon	1,250	\$0	3,750		D		

Explanation of Responses:

- 1. Represents the number of shares of common stock withheld by the Company to satisfy tax withholding requirements in connection with the RSU vesting.
- 2. Each restricted stock unit represents the right to receive one share of Supernus common stock upon vesting.
- 3. These restricted stock units are settled in common stock upon vesting, which occurs in four equal annual installments, beginning on February 23, 2024.

/s/ Timothy C. Dec, as

02/27/2024

attorney-in-fact ** 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.