FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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washington, D	7.C. 20049	

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
houre per reenonee.	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

Name and Address of Reporting Person*  Khattar Jack A.					SU	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [ SUPN ]							<u>-</u> [   (Ch	Relationship of Reportin eck all applicable)  X Director		g Perso	10% Ow	rner
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/14/2023								X Officer (give title below) Other (specify below)  President, CEO				
9715 KEY	WEST AV	ENUE			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) ROCKVII	LLE MI	MD 20850												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (2	Zip)		Rı	ule 1	10b	5-1(c) T	rans	acti	on Indic	ation	·					
							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-Deri	vativ	e Se	curit	ties Acq	uired,	Dis	osed of,	or Ben	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Day/Year) if		emed tion Date, n/Day/Year)	on Date, Transaction Code (Ins		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficial Owned For Reported	Form (D) o		Direct Indirect It. 4)	7. Nature of ndirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price	Transaction	Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common S	Stock			03/1	4/202	/2023		M		20,000(1)	) A	\$0	833,	833,022		D		
Common Stock								1,038	1,038,950		I	By the KBT Γrust						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security  2. Conversion Security (Month/Day/Year)  3. Transaction Date Execution Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)			Date,	ate, Transaction Code (Instr				6. Date Exerci Expiration Dat (Month/Day/Ye		ite	7. Title an of Securi Underlyin Derivative (Instr. 3 a	ties ig Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code V		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Performance Share Unit	\$0	03/14/2023			M			20,000 <sup>(1)</sup>	(2)		(2)	Common Stock	20,000	\$0	0		D	

## **Explanation of Responses:**

- 1. Shares of common stock received upon the settlement of certain performance share units granted to the Reporting Person on February 19, 2021.
- 2. On February 19, 2021, the Reporting Person was awarded Performance Share Units a portion of which vested upon the achievement of individual performance objectives within a defined performance period.

/s/ Timothy C. Dec, as attorney-04/10/2023

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.