SEC Form 4														
FORM 4	UNIT	ED STAT	ΓES	SECURITI Washi	ES A ington,			NGE	CON	MISS	SION	C	MB APPRO	VAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	SI		d pursu	DF CHANG	a) of the	e Seci	urities Exchang	ge Act of		ERSH		stima	lumber: ted average burd per response:	3235-0287 en 0.5
1. Name and Address of Reporting Perso Schwabe Stefan K.F.	on <sup>*</sup>		<u>SU</u>	suer Name <b>and</b> Tio <u>PERNUS PH</u> UPN ]				<u>LS, I</u>	NC.	5. Rela (Check	Owner (specify			
(Last) (First) C/O SUPERNUS PHARMACEU 9715 KEY WEST AVENUE	(Middle)			ate of Earliest Trar 21/2020	nsaction	(Mon	th/Day/Year)			Executive Vice President & CMO				·
(Street) ROCKVILLE MD	20850	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (C Line) X Form filed by One Reportir Form filed by More than On Person			Reporting Pers	on								
(City) (State)	(Zip) able I - I	Non-Deriva	ative	Securities Ac	cquire	ed, D	isposed o	f, or B	enefi	cially (	Owned			
1. Title of Security (Instr. 3) 2. Transact Date		2. Transaction Date (Month/Day/Y	(ear)	A. Deemed 3. Transaction Code (Instr. 8) Code V		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an Amount (A) or Price		d 5)	5. Amount of Securities Beneficially Owned Followi Reported Transaction(s)	ng	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(ins			
Common Stock	12/21/2020		<b>M</b> <sup>(1)</sup>		46,347	A	\$12.98	49,119	D				
Common Stock	12/21/2020		<b>S</b> <sup>(1)</sup>		46,347	D	\$22.1042 <sup>(2)</sup>	2,772	D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned													

			(e.g.,	puts,	calls	5, Wa	arrants	s, options,	converti	DIE SECU	irities)				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (Right to Buy)	\$12.98	12/21/2020		M <sup>(1)</sup>			46,347	(3)	03/01/2026	Common Stock	46,347	\$0	0	D	

Explanation of Responses:

1. Transaction made pursuant to a 10b5-1 trading plan adopted November 14, 2020.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.0000 to \$22.2500, inclusive. The reporting person undertakes to provide to Supernus Pharmaceuticals, Inc. ("Supernus"), any security holder of Supernus, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

3. The option vests in four equal annual installments beginning on March 1, 2017.

/s/ James Kelly, as attorney-in-

fact

12/22/2020

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.

S

Date