SEC Form 4	

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Washington, D.C. 20549														(	ОМВ	APPRO\	/AL
Section 16. Form 4 or Form 5 obligations may continue. See						A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: 3235-0287   Estimated average burden    hours per response: 0.5		
transac contrac the pur securit to satis	chase or sale of ies of the issue of the affirmation ons of Rule 10th	pursuant to a r written plan for of equity r that is intended ve defense																
1. Name and Address of Reporting Person <sup>®</sup> GEMAYEL GEORGES					<u>SI</u>	2. Issuer Name and Ticker or Trading Symbol <u>SUPERNUS PHARMACEUTICALS, INC.</u> [ SUPN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
	(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC., 9715 KEY WEST AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2024								Officer (give title Other (specify below) below)				
(Street) ROCKV			20850		_ 4.1	Line)								e) Form f Form f	tual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)																		
		Tab	ole I - No	on-Deriv	vativ	e Sec	curit	ies Ac	quired	l, Di	sposed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8)			s Acquired (A) or Df (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transac	ansaction(s) estr. 3 and 4)			(Instr. 4)	
Common Stock 11/07/20				2024	024		М		14,213	Α	\$11.4	27,528			D			
Common Stock 11/07/20				2024	024			S		14,213(1	) <b>D</b>	\$36.62	(2) 13	,315 E		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. Deen Executio if any (Month/D	ned n Date,	4. Transa	nsaction de (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			d Amount ies g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported (Instr. 4)	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Director Stock Option (Right to Buy)	\$11.46	11/07/2024			М			14,213	03/23/2	016	03/23/2025	Common Stock	14,213	\$0	10,78	7	D	

Explanation of Responses:

1. The Reporting Person exercised the options indicated herein and sold the underlying shares prior to the expiration of such options on March 23, 2025.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.50 to \$36.89. 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 to this Form 4.

Remarks:

/s/ Timothy C. Dec, as attorney-11/08/2024

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in-fact

\*\* Signature of Reporting Person Date

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.