FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse:	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* DEC TIMOTHY C					SUI	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN]									ck all applic	ationship of Reportin all applicable) Director Officer (give title		son(s) to Iss 10% Ow Other (s	ner
(Last) C/O SUPE	(Fii ERNUS PH	st) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023									below)					
9715 KEY WEST AVENUE				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	LLE M	D 2	0850											X		led by Mor		orting Person One Repor	
(City)	(State) (Zip) Rule 10b!							5-1(c)	Trans	acti	ion Indi	cation							
					S S	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									n or written	plan th	at is intended	to	
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	ies Acq	uired,	Dis	posed of	, or Be	nefi	cially	/ Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) if a		2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Pr	rice	Transact	ransaction(s) nstr. 3 and 4)			,iii3ti. 4)
Common Stock 05/11/					2023				M		1,500(1) A		\$ <mark>0</mark>	3,359			D	
Common Stock 05/11/2				/2023				F		709(2)		\$	36.47	7 2,6	2,650		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		3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nui of	nount mber ares		(Instr. 4)			
Performance Share Units	\$0	05/11/2023			M			1,500 ⁽¹⁾	(3)		(3)	Common Stock	1,	500	\$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 May 3, 2022.
- 2. Represents the number of shares of common stock withheld by the Company to satisfy tax withholding requirements in connection with the PSU vesting.
- 3. On May 3, 2022, 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

05/12/2023

** 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.