# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287 Estimated average burden hours per response 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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		0	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
	Padmanabh P. SUPERNUS   (First) (Middle)   PERNUS PHARMACEUTICALS, INC. 3. Date of Earliest   AST GUDE DRIVE 4. If Amendment,			Director Officer (give title	10% Owner Other (specify							
(Last)	<b>、</b> ,	( )	3. Date of Earliest Transaction (Month/Day/Year) 12/08/2015		below) Sr. VP of IP	below)						
1550 EAST GUDE DRIVE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)				X	Form filed by One Re	porting Person						
ROCKVILLE	MD	20850	_		Form filed by More th Person	an One Reporting						
(City)	(State)	(Zip)										
		Table I - Non-Derivative Securities Acquired. Disposed of. or Beneficially Owned										

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	12/08/2015		<b>S</b> <sup>(1)</sup>		9,553	D	<b>\$14.9001</b> <sup>(2)</sup>	92,753	D	
Common Stock	12/09/2015		<b>S</b> <sup>(1)</sup>		4,685	D	\$14.9	88,068	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (In 8)			rities lired r osed ) . 3, 4	Expiration Date (Month/Day/Year) i		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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				

#### Explanation of Responses:

1. Transaction made pursuant to a Rule 10b5-1 trading plan adopted on September 3, 2015.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$14.9000 to \$14.9050, 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.

### /s/ Gregory S. Patrick, as attorney-in-fact

12/10/2015

\*\* 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.