FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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	•	g Person [*]	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Bryan Jone	VILLE MD 20850 (State) (Zip)	[INC [SUPN]		Director Officer (give title	10% Owner Other (specify				
(Last) C/O SUPERNU	· · /	, , , , , , , , , , , , , , , , , , ,	3. Date of Earliest Transaction (Month/Day/Year) 03/30/2015		below) VP of Business De	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 the Person	an One Reporting			
(City)	(State)	(Zip)							
		Table I - Non-Der	ivative Securities Acquired, Disposed of, or Bene	ficially	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)	of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/30/2015		M ⁽¹⁾		6,712	Α	\$2.56	74,692	D	
Common Stock	03/30/2015		S ⁽¹⁾		6,712	D	\$12.0153(2)	67,980	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g. puts calls warrants options convertible securities)

			(e.g., p	uis, ca	iis,	wa	manus	s, options	, convert	ible sec	unues)			-	
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				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)	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)	\$2.56	03/30/2015		M ⁽¹⁾			6,712	(3)	11/02/2020	Common Stock	6,712	\$0	30,763	D	

Explanation of Responses:

1. Transaction made pursuant to a Rule 10b5-1 trading plan adopted on April 21, 2014.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12,0000 to \$12,1000, 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 vested in four equal annual installments beginning on November 2, 2011.

/s/ Gregory S. Patrick

** Signature of Reporting Person Date

03/31/2015

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.