FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	DC 2	0549	

OMB APPROVAL

l	OMB Number:	3235-028
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l	hours per response:	0.

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

Instruct	tion 10.																		
1. Name and Address of Reporting Person* NEWHALL CHARLES W III					SU	2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC.								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
					_ [[8	[SUPN]													
(Last)	(F	irst)	(Middle)		<u> </u>									Officer (give title Other (spec below) below)				pecily	
C/O SUPERNUS PHARMACEUTICALS, INC.,					3. Date of Earliest Transaction (Month/Day/Year)														
9715 KEY WEST AVENUE					111/	11/11/2024													
9/13 NET WEST AVENUE						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						and the state of the stat								Line)					
ROCKV	ILLE M	D	20850											Form filed by One Reporting Person					
					_									Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)			reisui													
		Tab	le I - No	on-Deri	vativ	e Sec	curit	ies Ac	quired	l, Di	sposed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In				Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 11/11/20				/2024	024			M		20,000	A	\$9.13	140),975		D			
Common Stock 11/11/20				/2024	.024		S		10,700(1) D	\$36.24	(2) 130),275		D				
		-	Table II								posed of, convertil		-	Owned					
4 7701 4		0. T		` 0/.		ounc	<u> </u>								l		40	44 Notono	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise (Month/Day/Year) Execution Date, if any			ransaction code (Instr.)		of		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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercise	able	Expiration Date	Title	Amount or Number of Shares						
Director Stock Option (Right to Buy)	\$9.13	11/11/2024			М			20,000	03/03/2	016	03/03/2025	Common Stock	20,000	\$0	0		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 3, 2025
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.02 to \$36.46. 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-11/12/2024 in-fact

** 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.