FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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* Khattar Jack A. (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS, INC. [SUPN] 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) President, CEO											vner		
C/O SUPERNUS PHARMACEUTICALS, INC. 9715 KEY WEST AVENUE					01/18/2023									Flesidelli, CEO					
(Street)	ILLE M	ID :	20850		= 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)																
		Tab	le I - 1			Sec	urit	ies A	cquir	ed, D	isposed o	of, or B	enefic	ially					
Date		2. Transacti Date (Month/Day	th/Day/Year) Exec		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 an		(A) or . 3, 4 and	Beneficia		ies For cially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Price		Transac (Instr. 3		tion(s)			(11041. 4)	
Common Stock		01/18/2023				M ⁽¹⁾		8,080	A	\$9 .	56	79	99,253		D				
Common	Stock			01/18/20	023				S ⁽¹⁾		4,936	D	\$40.39	959(2)	794,317 D				
Common Stock													1,047,700			I 1	By the KBT Trust		
		Т	able l								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	per					
Employee Stock Option (Right to	\$9.56	01/18/2023			M ⁽¹⁾			8,080	(:	3)	01/23/2024	Common	8,08	30	\$0	50,000)	D	

Explanation of Responses:

- 1. Transaction made pursuant to a 10b5-1 trading plan adopted September 15, 2022.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.01 to \$40.68, inclusive. The Reporting Person undertakes to provide to Supermus Pharmaceuticals, Inc. ("Supermus"), any security holder of Supermus, 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.
- 3. The options vested in four equal annual installments beginning on January 23, 2015.

/s/ Timothy C. Dec, as attorney-in-fact

01/20/2023

** 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.