## Edgar Filing: Khattar Jack A. - Form 4

Khattar Jack A. Form 4										
February 26, 20	)19									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL	
Check this h	Washington, D.C. 20549					Number:	3235-0287			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continu	bject to section 16. orm 4 or orm 5 bligations ay continue. <i>e</i> Instruction bigations bigati								January 31 Expires: 200 Estimated average burden hours per response 0.	
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> Khattar Jack A.			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			SUPERNUS PHARMACEUTICALS INC [SUPN]				(Check all applicable)10% Owner			
(Last)	(First) (M	(liddle)	3. Date of Earliest Transaction_X_ Officer (giv below)(Month/Day/Year)Pr				e title Other (specify below) resident, CEO			
C/O SUPERN PHARMACEU EAST GUDE	UTICALS, INC	C., 1550	02/22/20	19				,		
				nendment, Date Original Ionth/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
ROCKVILLE,	MD 20850						Person	viore than One Ko	eporting	
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
	2. Transaction Date Month/Day/Year)	Execution any	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock							453,065	D		
Common Stock							2,900 <u>(1)</u>	Ι	By son	
Common Stock							1,085,950	I	By the KBT Trust	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

## 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 36.75	02/22/2019		А	300,000	(2)	02/22/2029	Common Stock	300,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Khattar Jack A. C/O SUPERNUS PHARMACEUTICALS, INC. 1550 EAST GUDE DRIVE ROCKVILLE, MD 20850	X		President, CEO			
Signatures						
/s/ Gregory S. Patrick, as 0 attorney-in-fact	2/26/2019					
<u>**</u> Signature of Reporting Person	Date					

## **Explanation of Responses:**

- \* 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).

The Reporting Person disclaims beneficial ownership of the shares held by his son, who shares the Reporting Person's household, and this(1) report should not be deemed an admission that the Reporting Person is the beneficial owner of his son's shares for purposes of Section 16 or for any other purpose.

(2) The option vests in four equal annual installments beginning on February 22, 2020.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.