## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
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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

1. Name and Address of Reporting Person*  Tarriff Scott  (Last) (First) (Middle)  C/O EAGLE PHARMACEUTICALS, INC.  50 TICE BLVD., SUITE 315						EA EG	Issuer Name and Ticker or Trading Symbol     EAGLE PHARMACEUTICALS, INC. [ EGRX ]  3. Date of Earliest Transaction (Month/Day/Year) 09/01/2015										all app	licable) tor er (give title		Person(s) to Issuer  10% Owner Other (specify below)  and CEO	
(Street) WOODC LAKE (City)		NJ (Stat		)7677 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indivi ine) X	,				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.						ion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of				or 5. Am and 5) Secu Bene Owne		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A (D	() or ()	Price		Reported Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common Stock 09/01/20						2015	015		S <sup>(1)</sup>		2,526		D	\$77.93 <sup>(2)</sup>		1,5	1,518,386		)		
Common Stock 09/01/20						2015	015		S <sup>(1)</sup>		11,792		D	\$76.8	S76.88 <sup>(3)</sup> 1		506,594	]	)		
Common Stock 09/01/20						2015	2015		S <sup>(1)</sup>		1,878		D	\$76.09(4)		1,504,716		D			
Common Stock 09/01/20						2015				S <sup>(1)</sup>		49	49 D \$		\$75	5.12 1,5		,504,667		)	
	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)	ivative or Exercise Price of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Security		Transa Code (				6. Date Exerc Expiration Da (Month/Day/Y		te	or Num		nstr. 3	8. Pri Deriv Secu (Instr	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

- $1.\ These \ shares \ were \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ dated \ as \ of \ June \ 19, \ 2015.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$77.50 to \$78.45, inclusive. The reporting person undertakes to provide to Eagle Pharmaceuticals, Inc., any security holder of Eagle Pharmaceuticals, Inc., 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 ranges set forth in this footnote (2) and in footnote (3) and (4).
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$76.495 to \$77.445, inclusive.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$75.8301 to \$76.38, inclusive

## Remarks:

/s/ David E. Riggs, Attorneyin-Fact

09/03/2015

\*\* 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.