FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	hours per response	0.5							

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					2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [EGRX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specification))					ner	
(Last) (First) (Middle) C/O EAGLE PHARMACEUTICALS, INC.				02.	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024								below	/) ·		b	elow)			
50 TICE BLVD, SUITE 315					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WOODCLIFF NJ 07677					X Form filed by One Report Form filed by More than Person															
LAKE ———					R	Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - I	Non-Deriva	tive	Secu	rities A	cqui	red, l	Dis	posed o	f, or I	3enefic	ially Own	ed					
Date		2. Transaction Date (Month/Day/Ye	ear)	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		ı D	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)		d (A) or r. 3, 4 and	Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership				
						Code	v	A	mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr.	4)			
Common	Stock			02/28/202	4			F			2,119(1)	D	\$6.27	460,62	21	D				
Common Stock														992,62	23	I		Skipp Exen Fami DTD	eration ping ppt ly Trust	
		Tal	ble	II - Derivati (e.g., pu											d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date,	4. Transaction Code (Instr. 8) 5. Number of Derivativ Securitie Acquire (A) or Disposed of (D) (Instr. 3, and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Guid 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Tit Amount Amount Amount Secution Date (Month/Day/Year) 8. Date Exercisable and Expiration Date (Month/Day/Year)			le and unt of rities erlying rative rity (Instr.	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	ities icially d ving ted action(s)	10. Owner Form Director Ind (I) (In	t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	e V	(A) (D		ate cercisa	ıble	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of restricted stock units on February 28, 2024.
- 2. Shares held by the Tarriff 2016 Generation Skipping Exempt Family Trust DTD 12/28/2016 (the "Trust") for the benefit of the Reporting Person's spouse and children. The Reporting Person does not have investment control over the shares held by the Trust and disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest, if any, therein.

/s/ Scott Tarriff

03/01/2024

** 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.