FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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(h) |

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. | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
|---|---|--|---|----------|---|--|----------------|--|------------------------------------|--------------------------------------|---------------------|--|-------------|----------------------|---|---|---|--|---|--|--|
| Tallili Scott | | | | | | EGRX] | | | | | | | | | | Direc | tor | X | 10% C | wner | |
| (Last) (First) (Middle) | | | | | | | , | | | | | | | | X | Office | er (give title v) | | Other below) | (specify | |
| C/O EAGLE PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | C | EO | | | |
| | | | | | | 01/23/2020 | | | | | | | | | | | | | | | |
| 50 TICE BLVD., SUITE 315 | | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Application) | | | | | |
| WOODC | LIFF NJ | | 7677 | | | | | | | | | | | | | Form | Form filed by One Reporting Person | | | | |
| LAKE | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| Date | | | | | Date (Month/Day/Year) Exec | | xecutio any | Deemed ecution Date, any onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Sec Bei Ow | | ecurities F eneficially (wned Following (| | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 01/23/ | | | | | | 2020 | | F ⁽¹⁾ | | 7,548 | | D \$57 | | .98 | 1,550,954 | | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 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. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/D | n Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | nership m: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount mber ares | | | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy withholding tax obligations.

Remarks:

/s/ Scott Tarriff

01/27/2020

** 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.