FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
,						EGRX]								X		er (give title		Owner (specify	
(Last) (First) (Middle) C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2015									5010	,	t and CEO	,	
(Street) WOODCLIFF LAKE NJ 07677				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Forn	fidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (equired (A) or) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Price		ce	Trans	action(s) . 3 and 4)		(Instr. 4)	
Common Stock 11/02/20					2015	015		S ⁽¹⁾		11,713	D	\$6	\$64.07(2)		475,076	D			
Common Stock 11/02/20					2015	015		S ⁽¹⁾		7,626 D		\$	55.5 ⁽³⁾	1,4	467,450	D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security	Conversion or Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (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 \$63.77 to \$64.57, 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).
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$65.00 to \$65.87, inclusive.

Remarks:

/s/ David E. Riggs, Attorneyin-Fact

11/03/2015

** 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.