## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# 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*  Meyers Pete A.						2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [ EGRX ]								eck all applic Directo	r (give title		on(s) to Issu 10% Ow Other (s below)	ner
(Last) (First) (Middle) C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315						3. Date of Earliest Transaction (Month/Day/Year) 01/05/2020								C	hief Fina	ncial (	Officer	
(Street) WOODCLIFF LAKE NJ 07677				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form f Form f	ividual 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. Transport Date (Month/L)					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici	es ally Following	Form	: Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaci (Instr. 3	tion(s)			,msu. 4)
Common Stock 01/05/2					5/2020	2020		A		19,500	19,500 <sup>(1)</sup> A		45	45,900		D		
Common Stock 01/07/2					7/2020	2020		<b>F</b> <sup>(3)</sup>		632 D \$		\$57.3	8 45	45,268		D		
		7	Гable II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Inst		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$59.795	01/05/2020			A		48,000		(4)		01/04/2030	Common Stock	48,000	\$0.00	48,000	0	D	

# **Explanation of Responses:**

- 1. Represents restricted stock units ("RSUs"). The RSUs vest over a period of four years, with 25% of the RSUs vesting on each of the one, two, three and four-year anniversaries of January 5, 2020, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.
- 2. Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 3. Represents shares withheld to satisfy withholding tax obligations.
- 4. The option vests over a period of four years, with 25% of the shares underlying the option vesting on January 5, 2021, the first anniversary of the date of grant, and the remainder vesting in 36 equal monthly installments thereafter, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.

## Remarks:

/s/ Scott Tarriff, Attorney-in-

01/07/2020

\*\* 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.