FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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(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* Moran Michael Shawn (Last) (First) (Middle) C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315 (Street) WOODCLIFF LAKE | | | | | | 2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [EGRX] 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP, Chief Commercial Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
|--|--|---------|--------------|-----------------------------------|------|---|--------------------------------------|--|--|---|--------------------------------------|---|---------------|--|---|--|--------------------------------------|--|--|
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | F | | | | | | | | | Perso | Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Exec if any | eemed ution Date, th/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Securit | | ies cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) (D) | or Pr | ice | Transa (Instr. 3 | tion(s) | | | (111501.4) |
| Common Stock 01/05/2 | | | | | .022 | | | | F ⁽¹⁾ | | 1,511 | D | \$ | 50.69 | 22 | 2,757 | | D | |
| | 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) | ive Conversion Date Exec y or Exercise (Month/Day/Year) if an | | if any | emed ion Date, // Transa Code (8) | | | | rative rities sired r osed) 1. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Represents shares withheld to satisfy withholding tax obligations.

Remarks:

/s/ Brian Cahill, Attorney-in-

Fact

** Signature of Reporting Person

Date

01/07/2022

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.