FORM 4

Check this box if no longer su

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ect to	STATEMENT	OF CHANGES IN BENEFICIAL	. OWNERSHII
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Section obligat	n 16. Form 4 o ions may conti tion 1(b).		OIA	Filed		to Section 16(a							•••	ll l	per res	erage burde ponse:	n 0.5
1. Name and Address of Reporting Person* Graves Michael				2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [EGRX]								-	able)	g Pers	on(s) to Iss 10% Ov Other (s	wner	
	st) (First) (Middle) O EAGLE PHARMACEUTICALS, INC. TICE BLVD., SUITE 315					3. Date of Earliest Transaction (Month/Day/Year) 04/21/2015							below)			Delowy	
(Street) WOODC LAKE (City)	N	J state)	07677 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	,					
(City)				n-Deriva	ative Se	curities Ac	quired	, Dis	posed c	of, or	Benef	ficially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			ay/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securities Beneficia Owned Fo	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A (E	A) or D)	Price	Transaction(s) (Instr. 3 and 4)				(Jui 4)		
						urities Acq s, warrants							Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		Date, Ti	ransaction ode (Instr.	5. Number of Derivative Securities	Expiration Date of Securities ivative (Month/Day/Year) Underlying				Derivative derivative Security Securities		;	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership			

Explanation of Responses:

\$59.31

Derivative Security

1. The option fully vests on April 21, 2016, subject to the reporting person's continuous service with the issuer as of the vesting date.

Remarks:

Stock Option

buy)

/s/ Scott Tarriff, Attorney-in-04/22/2015

Amount Number

of Shares

10,000

\$0.00

Expiration Date

04/20/2025

** Signature of Reporting Person

(Instr. 3 and 4)

Title

Common

Owned Following

Reported

Transaction(s) (Instr. 4)

10,000

Date

or Indirect (I) (Instr. 4)

D

(Instr. 4)

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).

04/21/2015

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

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.

Acquired (A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A)

10,000

Date

Exercisable

(1)

(D)