## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20548

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

ı	OMB APPRO	JVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
ı	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*  Pernock David					<u>E</u> /										k all applic Directo Officer	all applicable) Director Officer (give title		ng Person(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315						3. Date of Earliest Transaction (Month/Day/Year) 01/05/2020									below) Pres.		Com	m. Office	r
(Street) WOODC	CLIFF N.	J	07677		4.1								6. Ind Line) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				n	
(City)	(S	tate)	(Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	enefic	ially	Owned				
Date			2. Trans Date (Month/		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					4 and 5) Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	r Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 01			01/0	5/2020	0			A		21,500	) <sup>(1)</sup> A		(2)	52,508		D			
Common Stock 01/0				01/0	7/2020	/2020		<b>F</b> <sup>(3)</sup>		904 D \$		\$5	57.38	8 51,604			D		
		-	Гable II -								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day)	Date,	4. Transa Code ( 8)		of I		6. Date Exercis: Expiration Date (Month/Day/Yea		e of Securities			B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amor or Numl of Share	ber					
Employee Stock Option (right to buy)	\$59.795	01/05/2020			A		51,000		(4)		01/04/2030	Common Stock	51,0	000	\$0.00	51,000	)	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

Fact

\*\* 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.