FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

		00540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:								

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			
Name and Address of Reporting Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol			

1. Name and Address of Reporting Person*  Tarriff Scott					EAGLE PHARMACEUTICALS, INC. [ EGRX ]									5. Relationship of Reporting Person(s) to Issu (Check all applicable)  Director X 10% Owner  Officer (give title Other (spe					ner
(Last)	(Fii GLE PHAR	rst) (I	(Middle) ICALS, INC.			Date of E /27/202		Trans	sactio	on (Mo	onth/Day/Yea		belov		uue		elow)	респу	
50 TICE BLVD, SUITE 315				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WOODO	CLIFF NJ	(	767	7											filed by	y One Re y More tha			
LAKE					Rı	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I -	Non-Deriva	tive	Secu	rities	Acc	quir	ed, [	Disposed	of, or	Benefic	ially Own	ed				
Da			2. Transaction Date (Month/Day/Ye	Execution		n Date,	Date, Tra		Transaction Dispos Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership		
								C	ode	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		(Instr. 4)		(Instr.	4)
Common	Stock			02/27/2024	4				A		12,950(1)	Α	(1)	465,89	<b>4</b> <sup>(2)</sup>	D			
Common	Stock			02/27/2024	4				F		3,154(3)	D	\$6.44	462,74	40	D			
Common Stock													992,62	23	I		Skipp Exen Fami DTD	eration ping ppt ly Trust	
		Та	ble	II - Derivati							sposed o				d				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day/Year) Derivative Security		Exe if a	Deemed ecution Date,	d 4. Date, Transacti Code (Ins		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Date)		rercisable and	7. Tit Amo Secu Unde Deriv	tle and unt of irities erlying vative irity (Instr.	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	e V	(A)	(D)	Dat Exe	te ercisat	Expiration Date	on Title	Number of Shares						

## **Explanation of Responses:**

- 1. Represents shares of Common Stock received upon vesting of performance stock units ("PSUs") that were granted on February 2, 2021.
- 2. Reflects the transfer of 88,181 shares of Common Stock pursuant to a Rule 16a-12 transaction.
- 3. The disposition reported on this Form 4 represents shares of Common Stock withheld by the Issuer to cover the tax liability upon the vesting of PSUs on February 27, 2024 and does not represent a discretionary transaction by the Reporting Person.
- 4. Shares held by the Tarriff 2016 Generation Skipping Exempt Family Trust DTD 12/28/2016 (the "Trust") for the benefit of the Reporting Person's spouse and children. The Reporting Person does not have investment control over the shares held by the Trust and disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest, if any, therein.

02/29/2024 /s/ Scott Tarriff

\*\* 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.