FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPROVAL									
	OMB Number:	3235-0287								
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- 1	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

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Name and Address of Reporting Person* Graves Michael				<u>E</u>	2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC.						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
					- [E	EGRX]							O#:	give title		Other (s	pecify	
(Last)	(F	First)	(Middle)					Trans	saction (Mor	nth/Da	ıy/Year)			below)			below)	´
C/O EAGLE PHARMACEUTICALS, INC.					12	12/21/2023						Interin	Interim Executive Chair & PEO					
50 TICE BLVD., SUITE 315				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In Line	Individual or Joint/Group Filing (Check Applicable e)				icable		
(Street)													2	√ Form fil	ed by One	Repo	rting Person	
' '	WOODCLIFF NI 07677													Form filed by More than One Reporting Person				ing
					- R	ule	10b5-	1(c)	Transa	ctio	n Indi	ication						
(City)	(8	State)	(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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Deemed Execution Date if any (Month/Day/Yea		, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned Fo	s Ily ollowing	Form:	: Direct II Indirect E str. 4) C	'. Nature of ndirect Beneficial Ownership			
							Code	v .	Amount	(A) (D)	Price		ansaction(s) astr. 3 and 4)			Instr. 4)		
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ate, Ti	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Employee Stock Option (right to buy)	\$5.01	12/21/2023			A		293,000		(1)	12/	/20/2033	Common Stock	293,000	\$0.00	293,00	00	D	

Explanation of Responses:

1. The option was granted in connection with the Reporting Person's appointment as Interim Executive Chairman and Interim Principal Executive Officer. The option vests in 12 equal monthly installments commencing on November 27, 2023, subject to the Reporting Person's continuous service with the Issuer as of the vesting date.

Remarks:

/s/ Michael Graves

12/22/2023

** 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.