FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
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 ar	<u>E</u>	2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [EGRX]									ationship of Reporting all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owner Other (specif below)		vner				
(Last) (First) (Middle) EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315 (Street) WOODCLIFF LAKE NJ 07677						Date 0 / <mark>07</mark> /2		Trans	action (Mo	onth/	Day/Year)			Pres. & Chief Comm. Officer				r	
						4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual 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	enefici	ially	Owned				
Date				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securit Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	Pric	е	Transact (Instr. 3	tion(s)			(111501.4)
Common	7/201	2019			F ⁽¹⁾		858	858 D \$		1.33	10,108			D					
Common	Stock			01/23	3/2019	9			A		20,900	(2) A		(3)	31,008 D				
			Table II -								osed of, convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transa Code (8)		of I		6. Date Ex Expiration (Month/Da	Date	е	of Securities		5	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$42.4	01/23/2019			A		46,600		(4)		01/23/2029	Common Stock	46,60	00	\$0.00	46,600	0	D	

Explanation of Responses:

- 1. Represents shares withheld to satisfy withholding tax obligations.
- 2. 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 23, 2019, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.
- ${\it 3. \ Each \ RSU \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock.}$
- 4. The option vests over a period of four years, with 25% of the shares underlying the option vesting on January 23, 2020, 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-

01/25/2019

** 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.