| SEC For | | | | | TEO | | | וידוס | | | | VOLLA | | | | CCION | | | | |
|---|---|--|--|-------|-------------------------------|---|------------------|----------|--|---------------|-------|--------------------|---|-----------------------------|--|---|---|--------------------|--|---|
| FORM 4 UNITED STAT | | | | | | TES SECURITIES AND EXCHANGE COM Washington, D.C. 20549 | | | | | | | | | | | | OMB | APPRO | VAL |
| Sectio obligat | this box if no lo n 16. Form 4 or tions may conti tion 1(b). | ed purs | IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | 6HIP | Estim | | er: verage burde sponse: | 3235-0287 en 0.5 | | | |
| RATO | nd Address of | 2. Is <u>E</u> A | 2. Issuer Name and Ticker or Trading Symbol <u>EAGLE PHARMACEUTICALS, INC.</u> [EGRX] | | | | | | | | | | Relationship eck all appl X Direct Office below | cable) or (give title | ng Per | son(s) to Is 10% O Other (below) | wner specify | | | |
| (Last) (First) (Middle) C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315 | | | | | | | of Earli 2021 | est Trar | nsactio | on (Mo | nth/[| Day/Year) | | | | | | | | |
| (Street) WOODCLIFF NJ 07677 LAKE . | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | Deri | | | | | | we all 1 | | | | Deer | | h. O | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D) | | | | | saction | ction 2A. Deeme Execution I | | | e, J C | | tion | 4. Secur | ities Acquired (A) d Of (D) (Instr. 3, | | d (A) or | 5. Amou Securiti Benefic Owned | int of es ially Following | Forn (D) o | wnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | C | Code | v | Amount | | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 04/08 | | | | | 8/202 1 | 2021 | | | | М | | 2,34 | 0 | A | \$8.7 | 3 22 | 22,684 | | D | |
| Common Stock 04/08 | | | | | 8/202 1 | | | | | М | | 2,34 | 0 | A | \$8.7 | 3 25 | 25,024 | | D | |
| Common Stock 04/08/ | | | | | | | | | | М | | | | \$4.4 | | | | D | | |
| | | I | Fable II - I | | | | | | | | | osed of onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (1 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s dly g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$8.78 | 04/08/2021 | | | М | л | | 2,340 | (1) | | 0 | 7/12/2021 | Common Stock 2 | | 2,340 | \$0.00 | 0 | | D | |
| Stock Option (right to buy) | \$8.78 | 04/08/2021 | | | М | 1 | | 2,340 | (1) | | 0 | 7/21/2022 | Common Stock | | 2,340 | \$0.00 | 0 | | D | |
| Stock Option (right to buy) | \$4.42 | 04/08/2021 | | | М | | | 2,340 | | (1) | 0. | 4/19/2023 | Comr Stoo | | 2,340 | \$0.00 | 0 | | D | |

Explanation of Responses:

1. Fully vested.

Remarks:

<u>/s/ Scott Tarriff, Attorney-in-Fact</u>

04/12/2021

** 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.