FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | obligations may continue. See Instruction 1(b). | | | | | | | | | |

| Name and Address of Reporting Person* Graves Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. EGRX] | | | | | | | (Ch | Relationship of Reporting (Check all applicable) X Director | | | 10% Owner | | |
|--|--|--|--|-----------------|--|-------------------|---|-----|---------------------|----------------------|---|---|---|--|--|-----------|---------------------|-------|
| (Last) | (F | irst) | (Middle) | L | | | | | | | | | | below) | (give title | | Other (sp below) | респу |
| C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BLVD., SUITE 315 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022 | | | | | | | | | | | | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| WOODC | CLIFF N | J | 07677 | | | | | | | | | | | _ | led by One F | | Ü | - 1 |
| LAKE | | | | | | | | | | | | | | Form f Persor | led by More | than C | ne Report | ing |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | ate | Execution Date, | | Code (Instr. 5) | | | | Beneficia Owned F | s ally ollowing (| Form: D | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Reported Transact (Instr. 3 a | ion(s) | | " | nstr. 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 Dat if any (Month/Day/Ye | Cod | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4) | | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / O F-0 O (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Cod | de V | \int | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$47.39 | 02/28/2022 | | А | | | 11,200 | | (1) | 02 | 2/28/2032 | Common Stock | 11,200 | \$0.00 | 11,200 | | D | |

Explanation of Responses:

1. The option fully vests on February 28, 2023, subject to the Reporting Person's continuous service with the Issuer as of the vesting date.

Remarks:

/s/ Scott Tarriff, Attorney-in-

Fact

** Signature of Reporting Person Date

03/02/2022

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.