FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| 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

| Instructi | on 1(b). | | | File | | | | | i) of the Sec Investment | | | | | 4 | | Induc | po. 100 | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|---------------|------|----------------------------------------|------|----------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------|-----------------------------------------------------|------------|
| 1. Name and Address of Reporting Person [*] <u>Edlin Richard A.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol EAGLE PHARMACEUTICALS, INC. [EGRX] | | | | | | | | (Che | ck all applic Directo | able) | g Pers | on(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) | | | | | 3 L | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | 4 | below) | (give title | | below) | pecily |
| C/O EAGLE PHARMACEUTICALS, INC. 50 TICE BOULEVARD, SUITE 315 | | | | | | 01/07/2018 | | | | | | | | | | | | | |
| (Street) WOODCLIFF NJ 07677 LAKE | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 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 | tate) | (Zip) | | | | | | | | | | | | 1 013011 | | | | |
| | | Tab | ole I - Noi | n-Deriv | ative | Se | curities | s Ac | quired, I | Disp | osed o | f, or | Bene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execut Day/Year) if any | | if any | ecution Date, | | Transaction Dispos | | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | Securitie Beneficia Owned F | Beneficially | | : Direct 0 · Indirect E str. 4) 0 | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| | | - | Table II - | | | | | | uired, Di | | | | | | Owned | | | | |
| 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 | Date, T | 4. Transaction Code (Instr | | | | 6. Date Exe Expiration (Month/Da | | d 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | oho. | v | (0) | (D) | Date Exercised | | expiration | Title | O N O | umber | | | | | |

(1)

Explanation of Responses:

\$59.14

1. The option fully vests on January 7, 2019, subject to the Reporting Person's continuous service with the Issuer as of the vesting date.

Α

Remarks:

Stock Option

(Right to Buy)

> /s/ Scott Tarriff, Attorney-in-01/09/2018

10,000

\$0.00

10,000

D

Common

01/06/2028

** 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).

01/07/2018

** 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.

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