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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

SUPERNUS PHARMACEUTICALS INC

Form 4/A April 01, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type	Responses)								
1. Name and Address of Reporting Person * Khattar Jack A.			Symbol SUPER	nd Ticker or Trading	Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)			_X_ below))	r (give title Other (specify below) President, CEO	
C/O SUPERNUS			01/23/2014				1	resident, ello	
	CEUTICALS DE STREET	, INC., 1550							
	(Street)		4. If Ame	ndment,	Date Original	6. Ind	ividual or	Joint/Group Fili	ng(Check
			Filed(Mor 01/23/2	•	ear)	_X_ F	•	y One Reporting Po	
ROCKVIL	LE, MD 2085	50				Person	•	More than One Ro	eporting
(City)	(State)	(Zip)	Tabl	e I - Non	-Derivative Securities A	Acquired,	Disposed	of, or Beneficia	lly Owned
1.Title of		n Date 2A. De		3.	4. Securities Acquire			6. Ownership	

							•		•
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securiti		1	5. Amount of Securities	Form: Direct	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(D) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
							Following	(Instr. 4)	(Instr. 4)
					(A) or		Reported Transaction(s) (Instr. 3 and 4)		
			Code V	Amount	(D)	Price	(mstr. 5 tille 1)		
Common Stock	04/04/2013		J	11,000	A	<u>(1)</u>	426,689 (1) (2)	D	
Common Stock	04/04/2013		J	11,000	D	<u>(1)</u>	1,114,000 (1)	I	By the KBT Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

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)	4. Transactio Code (Instr. 8)	5. Number of ionDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 9.56	01/23/2014		A	150,000		(3)	01/23/2024	Common Stock	150,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Khattar Jack A. C/O SUPERNUS PHARMACEUTICALS, INC. 1550 EAST GUDE STREET ROCKVILLE, MD 20850	X		President, CEO				

Signatures

/s/ Gregory S. Patrick, as attorney-in-fact

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- The Reporting Person is amending the Form 4 filed on January 23, 2014 to reflect the fact that 11,000 shares were transferred from the (1) KBT Trust to the Reporting Person on April 4, 2013 without consideration and are now owned directly. The original Form 4 did not
- report this transfer.

 (2) Includes an aggregate of 3,631 shares acquired by the Reporting Person through the Issuer's Employee Stock Purchase Plan subsequent to the date of the Reporting Person's most recent filing on Form 4.
- (3) The option vests in four equal annual installments beginning on January 23, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to 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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