FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number	2225 02

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

1. Name and Address of Reporting Person

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Esperion Therapeutics, Inc. [ESPR]

2. Issuer Name and Ticker or Trading Symbol

GOLDSTEIN DOV A MD							Esperion Therapeutics, Inc. [ESPR]										recto	r		10% O	wner	
(Last)	,	irst) HERAPEUTICS	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) Officer below) Officer below)												(give title		Other (below)	specify	
(Street)	RBOR M	п	48108		4. 1	f Am	f Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	e) X Fo	dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																			
			le I - No	1		_			_		Dis					lly Ow	ned					
Date				2. Trans Date (Month/		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		•,	Transaction Dis						Sec Ber Ow	uritie eficia	ies F cially (Following (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									- [Code	v	Amount		(A) or (D)	Price	Trai	nsacti	i ion(s) and 4)			(Instr. 4)	
Common Stock				06/06	06/06/2018					M ⁽¹⁾		5,000	0	A	\$14.4	12	5,047			D		
Common Stock					6/06/2018					M ⁽¹⁾		8,000	0	A	\$17.	75	13,047		D			
Common Stock 06/0					6/2018		1			J ⁽¹⁾		5,000	0	D	\$0.0	0	8,047		D			
Common Stock 06/06					6/201	8				J ⁽¹⁾		8,000	0	D \$0.0		0 47		7	D			
		Т	able II -									osed of onverti				/ Own	ed					
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 (8)			Exp	Date Exo piration onth/Da	Date	nble and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			Derivat Securit	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisabl		xpiration ate	Titl		Amount or Number of Shares							

Explanation of Responses:

\$14.42

\$17.75

Stock Option

buy) Stock Option

(right to

(right to

buy)

1. The reporting person was formerly a managing partner at Aisling Capital, which is an affiliate of Aisling Capital II, L.P. ("Aisling"). Under the partnership agreement for the Aisling, the reporting person was deemed to hold the stock option and the shares issuable thereunder for the benefit of Aisling. The stock option was exercised at the direction of Aisling and the shares issued upon exercise were delivered to Aisling. The reporting person disclaims beneficial ownership of the stock option and the shares issuable thereunder, except to the extent of his pecuniary interest therein.

05/15/2015

06/09/2017

/s/ Richard B. Bartram, by power of attorney

5,000

8,000

\$0.00

\$0.00

Common

Stock

Stock

05/15/2024

06/09/2026

06/08/2018

0.00

0.00

D

D

** 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).

06/06/2018

06/06/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

 $M^{(1)}$

 $M^{(1)}$

5,000

8,000

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.