| SEC Form 4 |  |
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Nume and Address of Reporting reison                            |         | Person*  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>Esperion Therapeutics, Inc.</u> [ESPR] |                   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |                       |  |  |  |  |
|--|---------|----------|---|-------------------|--|-----------------------|--|--|--|--|
|  |         |          | <u> </u>  | X                 | Director   | 10% Owner             |  |  |  |  |
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)<br>03/21/2017                                  |                   | Officer (give title below)   | Other (specify below) |  |  |  |  |
| C/O ESPERION THERAPEUTICS, INC.,<br>3891 RANCHERO DRIVE, SUITE 150 |         |          |   |                   |  |                       |  |  |  |  |
| <u>k</u>   |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)  | 6. Indiv<br>Line) | /idual or Joint/Group Fili   | ing (Check Applicable |  |  |  |  |
| (Street)   |         |          |   | X                 | Form filed by One Re   | eporting Person       |  |  |  |  |
| ANN ARBC   | OR MI   | 48108    |   |                   | Form filed by More th<br>Person  | an One Reporting      |  |  |  |  |
| (City)   | (State) | (Zip)    |   |                   |  |                       |  |  |  |  |

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | Date Execution Date, |      | iction<br>Instr. | 4. Securities<br>Disposed Of<br>5) |               |         | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|----------------------|------|------------------|------------------------------------|---------------|---------|---|---|---|
|                                 |  |                      | Code | v                | Amount                             | (A) or<br>(D) | Price   | Transaction(s)<br>(Instr. 3 and 4)  |   | (Instr. 4)  |
| Common Stock                    | 03/21/2017                                 |                      | р    |                  | 1,000                              | A             | \$42.26 | 1,000   | I   | By<br>Gilbert S.<br>Omenn<br>Revocable<br>Trust     |
| Common Stock                    |  |                      |      |                  |                                    |               |         | 10,000  | D   |   |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (e.g., puis, cais, warrants, options, convertible s |   |  |                              |      |   | ie set | Junites  |   |                    |   |  |                                  |  |  |  |
|---|---|--|------------------------------|------|---|--------|--|---|--------------------|---|--|----------------------------------|--|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | vative Conversion Date Execution Date,<br>urity or Exercise (Month/Day/Year) if any |  | 4.<br>Transa<br>Code (<br>8) |      |   |        | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |                              | Code | v | (A)    | (D)  | Date<br>Exercisable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares   |                                  |  |  |  |

Explanation of Responses:

## /s/ Richard B. Bartram, by

power of attorney

03/22/2017

\*\* 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.