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(h)

(First)

ONE EMBARCADERO CENTER, SUITE 3700

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden er response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote⁽¹⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

U obligat	tions may contir ction 1(b).			File								ies Exchan		f 193	4			hou	rs per	response:	0
Name and Address of Reporting Person* Alta Partners VIII, L.P.				2. 1:	2. Issuer Name and Ticker or Trading Symbol Esperion Therapeutics, Inc. [ESPR] 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) ONE EMBARCADERO CENTER, SUITE 3700																Officer (giv below)			re title Other below		(specify
(Street) SAN FRANCE	ISCO CA	A !	94111		4. 11	f Amer	ndme	nt, Date	of	Original	Filed	i (Month/Da	ay/Year)			Indi ne)	Forn	n filed by O n filed by M	ne Re	ing (Check / eporting Per nan One Re	son
(City)	(St		(Zip)						_												
1. Title of S	Security (Inst		le I - No	2. Trans Date (Month/I	action	2/2 Ex	A. Dee (ecution		,	3. Transac Code (Ir 8)	tion		ies Acqu	ired (/	A) or		5. Amo Securit Benefic Owned	unt of ies cially Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature Indirect Beneficia Ownershi
l										Code	v	Amount	(A) (D)	or	Price		Reporte Transa (Instr. 3				(Instr. 4)
Common Stock 10/21/2				/2014	2014				P		500,00	0 A		\$20	20 2,5		52,189		I	see footnote	
		Ta										sed of, onvertib				y O	wned				
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. Transa Code 8)	action	5. Number n of		6	6. Date Exerci Expiration Dat (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			Der Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v				Date Exercisal		Expiration Date	Amoun or Numbe of Shares		ber						
	nd Address of artners VI	Reporting Person*																			
(Last) ONE EM	MBARCAD!	(First) ERO CENTER,	(Mic	-		_															
(Street) SAN FR	ANCISCO	CA	941	.11																	
(City)		(State)	(Zip)																	
		Reporting Person* anagement VI	III, LLO	<u>C</u>																	
(Last) ONE EM	MBARCAD!	(First) ERO CENTER,	-	idle) 3700																	
(Street) SAN FR	ANCISCO	CA	941	11		-															
(City)		(State)	(Zip)		_															
	nd Address of	Reporting Person*																			

(Street) SAN FRAN	CISCO CA	94111								
(City)	(State)	(Zip)								
Name and Address of Reporting Person* NOHRA GUY P										
(Last) (First) (Middle) ONE EMBARCADERO CENTER, SUITE 3700										
(Street) SAN FRAN	CISCO CA	94111								
(City)	(State)	(Zip)								

Explanation of Responses:

1. These securities are held of record by Alta Partners VIII, L.P. ("APVIII"). Alta Partners Management VIII, LLC ("APMVIII") is the general partner of APVIII. Guy Nohra, Daniel Janney and Farah Champsi are managing directors of APMVIII and exercise shared voting and investment power with respect to the shares owned by APVIII. Each of the reporting persons disclaims beneficial ownership of such securities, except to the extent of his or its proportionate pecuniary interest therein. Mr. Janney, as a director of the Issuer, files Section 16 reports separately.

Remarks:

<u>/s/Daniel Janney</u> <u>10/21/2014</u>

** 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.