FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [ | D.C. 20549 |
|---------------|------------|
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| Check this box if no longer subject |
|-------------------------------------|
| o Section 16. Form 4 or Form 5      |
| bligations may continue. See        |
| netruction 1(h)                     |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Name and Address of Reporting Person*  JANNEY DANIEL                                     |  |  |                 |                                      | 2. Issuer Name and Ticker or Trading Symbol Esperion Therapeutics, Inc. [ ESPR ] |   |  |  |                                 |                                 |           |  |   | Relationship<br>Check all app<br>X Direc   | ,  |  |  |  |  |
|---|--|--|-----------------|--------------------------------------|--|---|--|--|---------------------------------|---------------------------------|-----------|--|---|--|--|--|--|--|--|
|   | (Last) (First) (Middle) C/O ESPERION THERAPEUTICS INC. 3891 RANCHERO DRIVE, SUITE 150  |  |                 |                                      | 05/2   | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2021 |  |  |                                 |                                 |           |  |   |  | Officer (give title Other (specify below) below) |  |  |  |  |
| (Street) ANN ARBOR MI 48108   |  |  |                 | 4. If A                              | 4. If Amendment, Date of Original Filed (Month/Day/Year)                         |   |  |  |                                 |                                 |           |  | Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |  |  |  |  |  |
| (City)  | (31  | -  |                 |                                      |  |   |  |  |                                 |                                 |           |  |   |  |  |  |  |  |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yell) |  |  | n 2<br>(ear) i  | 2A. Deemed<br>Execution Date,        |  |   | 3.<br>Transa<br>Code (   | action   | 4. Securities A Disposed Of (5) | Acquire                         | d (A) or  | 5. Amount                                    | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |  | 7. Nature of Indirect Beneficial Ownership       |  |  |  |  |
|   |  |  |                 |                                      |  |   |  |  | Code                            | v                               | Amount    | (A) or<br>(D)                                | Price   | Transaction(s)<br>(Instr. 3 and 4)   |  |  |  | (Instr. 4)   |  |
| Common Stock 05/27/202  |  |  |                 |                                      | 21   |   |  |  | A                               |                                 | 12,376(1) | A  | \$0   | 23,4   | 49   | D  |  |  |  |
| Common Stock  |  |  |                 |                                      |  |   |  |  |                                 |                                 |           |  |   | 24,565   |  | I  |  | By Alta<br>Bioequities,<br>L.P. <sup>(2)</sup>                     |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                 |                                      |  |   |  |  |                                 |                                 |           |  |   |  |  |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | Execu<br>if any | eemed<br>ution Date,<br>:h/Day/Year) | 4.<br>Transa<br>Code (<br>8)   |   | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5 | rative<br>rities<br>iired<br>r<br>osed<br>)<br>r. 3, 4 | Expi<br>(Moi                    | ate Exe<br>iration I<br>nth/Day |           | e and nt of ities lying ative ity (Instr. 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) |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |                 |                                      | Code   | v   | (A)  | (D)  | Date<br>Exe                     | or<br>Number                    |           |  |   |  |  |  |  |  |  |

## **Explanation of Responses:**

- 1. The shares vest in full on the earlier of (i) May 27, 2022 and (ii) the Issuer's next annual meeting of stockholders following May 27, 2021.
- 2. On February 28, 2018, Alta Partners VIII, L.P. ("APVIII") distributed 624,564 shares of Common Stock on a pro rata basis, for no additional consideration, to its partners, which distribution was exempt from Section 16 of the Exchange Act pursuant to Rule 16a-9 and Rule 16a-13. Alta Bioequities, L.P. ("Alta Bioequities") received 24,565 of these shares. Alta Bioequities Management, LLC is the general partner of Alta Bioequities L.P. The Reporting Person is the Managing Director of Alta Bioequities Management, LLC and may be deemed to have voting and investment power over the shares owned by Alta Bioequities, L.P.

## Remarks:

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

05/28/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.