Edgar Filing: Esperion Therapeutics, Inc. - Form 4

-	rapeutics, Inc.											
Form 4												
October 21, 2	014											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this									Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005				
	Section 16. SECURITIES							Estimated a burden hou				
Form 4 or										response 0.		
Form 5	Filed p	pursuant to S	Section 16	(a) of the	Securiti	es Ex	kchang	ge Act of 1934,				
obligations may contin		7(a) of the	Public Uti	ility Hold	ing Com	pany	Act o	f 1935 or Sectio	on			
See Instruc		30(h)	of the Inv	estment (Company	y Act	of 19	40				
1(b).												
(Print or Type Re	esponses)											
1		ъ *						5 D L (* 1*	(D (' D			
1. Name and Address of Reporting Person <u>*</u> OMENN GILBERT S			2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to Issuer				
OMENN GILBERTS Symbol Esperion Therapeutics, Inc. [ESPR]												
			Esperior	Therape	utics, Inc	:. [ES	PR	(Cheo	ck all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction							
			(Month/Day/Year)					_X_ Director10% Owner				
C/O ESPERI	10/21/2014					Officer (give title Other (specify below) below)						
	RANCHERO	DRIVE,						001011)	0010(1)			
SUITE 150												
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mont	Filed(Month/Day/Year)					Applicable Line)			
X Form filed by O												
ANN ARBO	R, MI 48108							Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	I Non D		۰	4		f an Danafiatai	U O		
							ues Aco	quired, Disposed o		-		
1.Title of	2. Transaction I		amed3.4. Securitieson Date, ifTransactionAcquired (A) orCodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					5. Amount of	6. Ownership Form: Direct	7. Nature of Indirect		
Security (Instr. 3)	(Month/Day/Ye	any						Securities Beneficially		Beneficial		
(msu: 5)								Owned	Indirect (I)	Ownership		
		,	•	. ,				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V		(D)	Price	(msu. 5 and 4)				
Common Stock	10/21/2014			Р	5,000 (1)	А	\$ 20	5,000	D			

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

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 control 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. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other			
OMENN GILBERT S C/O ESPERION THERAPEUTICS, INC., 3891 RANCHERO DRIVE, SUITE 150 ANN ARBOR, MI 48108	Х						
Signatures							
/s/ Richard B. Bartram, by power of attorney	10/21/2014						
<u>**</u> 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).
- (1) Represents shares acquired by the Reporting Person in the Issuer's public offering of Common Stock on October 21, 2014

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.