FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | <b>OF CHANGES</b> | IN BENEFICIAL | <b>OWNERSHIP</b> |
|-----------|-------------------|---------------|------------------|
|           |                   |               |                  |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |   |  |   |  | or S  | Sectio | n 30(h)   | of the I                        | nvestmer                                   | nt Coi   | npany Act        | of 19                   | 940   |                           |   |                              |   |   |                 |  |
|--|---|--|---|--|---|--------|---|---------------------------------|--|----------|------------------|-------------------------|---|---------------------------|---|------------------------------|---|---|-----------------|--|
| 1. Name and Address of Reporting Person*  GOTTO ANTONIO M JR MD D PHIL   |   |  |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  Esperion Therapeutics, Inc. [ ESPR ] |   |        |   |                                 |  |          |                  |                         | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)           |                           |   |                              |   |   |                 |  |
|  |   |  |   |  |   |        |   |                                 |  |          |                  |                         | X   | Direc                     |   |                              | 10% O   |   |                 |  |
| (Last) (First) (Middle) C/O ESPERION THERAPEUTICS INC.   |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2019 |  |   |        |   |                                 |  |          |                  |                         | Office<br>belov   | ficer (give title<br>low) |   | Other (specify<br>below)     |   |   |                 |  |
| 3891 RANCHERO DRIVE, SUITE 150   |   |  | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                 |   |        |   |                                 |  |          |                  |                         | 6. Individual or Joint/Group Filing (Check Applicable                             |                           |   |                              |   |   |                 |  |
| (Street) ANN ARBOR MI 48108  |   |  |   |  |   |        |   |                                 |  |          |                  |                         | X Form filed by One Reporting Person Form filed by More than One Reporting Person |                           |   |                              |   |   |                 |  |
| (City)   | (St   | ate) (                                     | Zip)  |  |   |        |   |                                 |  |          |                  |                         |   |                           |   |                              |   |   |                 |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |   |  |   |        |   |                                 |  |          |                  |                         |   |                           |   |                              |   |   |                 |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  | Day/Year) if  |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | Transaction Disposed Code (Instr. 5)                          |                                 | ties Acquired (A)<br>d Of (D) (Instr. 3, 4 |          | (A) or<br>3, 4 a | 4 and Secu              |   | cially<br>I Following     | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | ect<br>irect                 | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                               |   |                 |  |
|  |   |  |   |  |   |        |   | Code                            | v  | Amount   |                  | (A) or<br>(D)           | Price   | Tra                       |   | nsaction(s)<br>str. 3 and 4) |   |   | (111501.4)      |  |
| Common Stock 05/29   |   |  | 05/29/  | /2019  |   |        |   | A                               |  | 4,967(1) |                  | A                       | \$ <mark>0</mark> .   | .00                       |   | 1,967                        | D   |   |                 |  |
| 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) | 3A. Deem<br>Execution<br>if any<br>(Month/Da                | ay/Year)   | 4.<br>Transa<br>Code (<br>8)                                | Instr. | 5. Nun of Deriv. Secur Acqu (A) or Dispc of (D) (Instr. and 5 | ative<br>rities<br>ired<br>osed | 6. Date Expiration (Month/D                | on Dat   | expiration       | Am<br>Sec<br>Und<br>Der | Ame<br>or<br>Num<br>of  | ount<br>nber              |   |                              | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne<br>Form:<br>Direct<br>or Ind<br>(I) (Ins | t (D)<br>lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

## **Explanation of Responses:**

1. The shares vest in full on the earlier of (i) May 29, 2020 and (ii) the Issuer's next annual meeting of stockholders following May 29, 2019.

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

05/31/2019

\*\* 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.