FORM 4

obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* <u>Alta Partners VIII, L.P.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Esperion Therapeutics, Inc.</u> [ESPR] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|--|---|--|-----------------------------|--|---|------|--|--|-------|---------------------|---|---|--------|--|-----------------|--|------|--|--|
| (Last) (First) (Middle) ONE EMBARCADERO CENTER, SUITE 3700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015 | | | | | | | | | | Office belov | er (give title v) | | Other below) | (specify |
| | N CA 94111 | | | | 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) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transa | ction | 4. Securit | ties Acquired (A) I Of (D) (Instr. 3, | | (A) or | 5. Am Secur Benef Owne Repor Trans | | ount of ties cially I Following | Fori | ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock 02/18/ | | | | | | | | | | | 842,22 | 22 | D | \$0.00 | | 1,709,967 | | | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | Date, Transactic Code (Inst | | Instr. | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Represents a pro-rata in-kind distribution of Common Stock of the Issuer to the limited partners and general partner of Alta Partners VIII, L.P. without the receipt of consideration.

Remarks:

/s/Daniel Janney

** Signature of Reporting Person

02/20/2015

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.