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## 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(b).                      |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| Estimated average burden |     |
|--------------------------|-----|
| hours per response:      | 0.5 |

| 1. Nume and Address of Reporting Ferson |                         |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>Esperion Therapeutics, Inc.</u> [ESPR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                       |                       |  |  |  |
|-----------------------------------------|-------------------------|-------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|--|--|--|
| <u>Shepard Jay</u>                      |                         |       |                                                                                                 | X                                                                       | Director                                              | 10% Owner             |  |  |  |
|                                         | (First)<br>THERAPEUTICS |       | 3. Date of Earliest Transaction (Month/Day/Year)<br>05/29/2019                                  |                                                                         | Officer (give title below)                            | Other (specify below) |  |  |  |
| 3891 RANCHERO DRIVE, SUITE 150          |                         |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                        | 6. Individual or Joint/Group Filing (Check Applicable                   |                                                       |                       |  |  |  |
| (Street)<br>ANN ARBOR                   | MI                      | 48108 |                                                                                                 | Line)<br>X                                                              | Form filed by One R<br>Form filed by More t<br>Person |                       |  |  |  |
| (City)                                  | (State)                 | (Zip) |                                                                                                 |                                                                         |                                                       |                       |  |  |  |

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |      |   |                             |               |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported | (D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------|------|---|-----------------------------|---------------|--------|---------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|
|                                 |                                            |                                                             | Code | v | Amount                      | (A) or<br>(D) | Price  | Transaction(s)<br>(Instr. 3 and 4)                                        |                                   | (iiisti: 4)                                                       |
| Common Stock                    | 05/29/2019                                 |                                                             | Α    |   | <b>4,967</b> <sup>(1)</sup> | Α             | \$0.00 | 4,967                                                                     | 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. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | 5. Number<br>of Expiration Dr<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5)<br>Expiration Dr<br>(Month/Day/N |     | 7. Title<br>Amour<br>Securi<br>Underl<br>Deriva<br>Securi<br>and 4) | nt of<br>ties<br>ying<br>tive<br>ty (Instr. 3 | 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>Exercisable                                                 | Expiration<br>Date                            | Title                                               | Amount<br>or<br>Number<br>of<br>Shares                                                                                     |                                                                          |                                                                    |  |  |

#### 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

Date

\*\* Signature of Reporting Person

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.