FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigtoii,	D.C. 20049	

Washington, D.O. 20049	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
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0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee instruction	10.			,															
1. Name and Address of Reporting Person* Koenig Sheldon L.						2. Issuer Name and Ticker or Trading Symbol Esperion Therapeutics, Inc. [ESPR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Koenig Sheidon L.						Separation Therapeantes, Inc. [Bork]									Dire	ctor		10% Ov	vner	
														_		er (give title		Other (s	specify	
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year)									— below)								
C/O ESPERION THERAPEUTICS, INC.						12/17/2024									President and CEO					
3891 RANCHERO DRIVE, SUITE 150																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						1. It is a section of the section of									Line)					
ANN AF	RBOR M	II 4	18108												Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City)	(8	State) (2	Zip)												reis	OH				
(- 5)		(1.7																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or l	Ben	efici	ally Owr	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				d Secur Benef Owne	Securities F Beneficially (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V Ar		Amount	(A) or P				Price		Trans		
Common Stock 12/17/2					2024		S		12,447(1)	+	D	\$2.4	66 7	39,819		D				
		To	bla II	Dorivati	vo 80	ourit	tios /	١٠٥١١	irod	Dien	osed of,	or D	onot	ioial	ly Owne	.d				
		Ia	DIE II ·								convertib					·u				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D' (Instr and §	rities ired r osed)	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		; 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	\ \ v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount nber ires							

Explanation of Responses:

1. Shares were sold to satisfy tax obligation on vested shares of restricted stock units.

Remarks:

/s/ Sheldon L. Koenig 12/18/2024

** 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.