

ESPERION THERAPEUTICS, INC.

Reported by
GOLDSTEIN DOV A MD

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/20/17 for the Period Ending 12/18/17

Address	3891 RANCHERO DRIVE, SUITE 150 ANN ARBOR, MI, 48108
Telephone	734-887-3903
CIK	0001434868
Symbol	ESPR
Fiscal Year	12/31

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 - GOLDSTEIN DOV A MD (Last) (First) (Middle)		2. Issuer Name and Ticker or Trading Symbol Esperion Therapeutics, Inc. [ESPR]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director _____ 10% Owner ____ Officer (give title below) _____ Other (specify below)	
3. Date of Earliest Transaction (MM/DD/YYYY) 12/18/2017		4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
C/O ESPERION THERAPEUTICS INC. (Street) ANN ARBOR, MI 48108 (City) (State) (Zip)					

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

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/18/2017		M	(U)	21471	A	\$3.70	21518	D	
Common Stock	12/18/2017		J	(U)	21471	D	\$0.00	47	D	

Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$3.70	12/18/2017		M	(U)	21471		4/11/2013	4/11/2023	Common Stock	21471	\$0.00	0	D	

Explanation of Responses:

(1) The reporting person was formerly a managing partner at Aisling Capital, which is an affiliate of Aisling Capital II, L.P. ("Aisling"). Under the partnership agreement for the Aisling, the reporting person was deemed to hold the stock option and the shares issuable thereunder for the benefit of Aisling. The stock option was exercised at the direction of Aisling and the shares issued upon exercise were delivered to Aisling. The reporting person disclaims beneficial ownership of the stock option and the shares issuable thereunder, except to the extent of his pecuniary interest therein.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOLDSTEIN DOV A MD C/O ESPERION THERAPEUTICS INC. ANN ARBOR, MI 48108	X			

Signatures

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

12/20/2017

**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 control number.