**ASELAGE STEVE** Form 4 November 14, 2018

# FORM 4

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

of

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**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Estimated average burden hours per response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Per ASELAGE STEVE	2. Issuer Name and Ticker or Trading Symbol Retrophin, Inc. [RTRX]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Mid	•	(Check all applicable)			
	(Month/Day/Year)	X Director 10% Owner			
C/O RETROPHIN, INC., 3721	11/09/2018	_X_ Officer (give title Other (specify			
VALLEY CENTRE DR., SUIT	E	below) below)  Chief Executive Officer			
200		Sinci Executive Since			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)	Applicable Line)			

Filed(Mo SAN DIEGO, CA 92130			th/Day/Year)		Applicable Line) _X_ Form filed by Form filed by Person	1 0	
(City)	(State) (	Zip) Table	e I - Non-Do	erivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disposed of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)	Beneficially	(D) or	Beneficial

(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(D) (Instr. 3, 4 and 5	5)	Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code V	(A) or Amount (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(IIISU. 4)	(IIISU: +)
Common Stock	11/09/2018		A(1)	18,500 A	\$0	264,383	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: ASELAGE STEVE - Form 4

	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	<b>:</b>		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
topotting of the runner, runner,	Director	10% Owner	Officer	Other		
ASELAGE STEVE C/O RETROPHIN, INC. 3721 VALLEY CENTRE DR., SUITE 200 SAN DIEGO, CA 92130	X		Chief Executive Officer			

# **Signatures**

/s/ Elizabeth E. Reed,
Attorney-in-Fact 11/14/2018
\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).

On July 1, 2015, the reporting person was granted performance restricted stock units (PRSUs) covering 37,000 shares of the Issuer's common stock, which vest upon the satisfaction of certain performance criteria. On November 9, 2018, a portion of the PRSUs vested upon the Issuer's confirmation that the US Food and Drug Administration had accepted for review a New Drug Application filed by the Issuer's partner.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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