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	STATEMENT OF CHANGES
Instruction 1(b).	Filed pursuant to Section 16(a) of

**OMB APPROVAL** OMB Number: IN BENEFICIAL OWNERSHIP 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*  Orwin John A						Issuer Name and Ticker or Trading Symbol Retrophin, Inc. [ RTRX ]      Date of Earliest Transaction (Month/Day/Year) 05/09/2018								eck all ap	ationship of Reporti all applicable) Director		10% Ov	ner
(Last) C/O RET	st) (First) (Middle) O RETROPHIN, INC.														Officer (give title below)		Other (s below)	pecify
3721 VALLEY CENTRE DRIVE, SUITE 200				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DIEGO CA 92130				_									X For					
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	ı-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Own	ed			
Date			saction n/Day/Ye	ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Secui Bene Owne	icially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V	Amount	(A) o (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(111301. 4)		
Common Stock 05/09/			9/201	2018		A		2,500	2,500 A S		0	6,875		D				
		-	Table II -	Deriva (e.g.,	ative puts,	Seci call:	urities . s, warra	Acqı ants	uired, D , option	ispo s, c	osed of, onverti	or Ben ble secu	eficially ırities)	Owne	l			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securit	g Security	8. Price Derivati Security (Instr. 5)		ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to	\$26.52	05/09/2018			A		10,000		(1)	0	5/08/2028	Common Stock	10,000	\$0.00	10,0	00	D	

## **Explanation of Responses:**

1. The option shall vest in 4 equal quarterly installments following the date of grant.

## Remarks:

/s/ Elizabeth E. Reed, Attorney- 05/11/2018 in-Fact

\*\* 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.