FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT	OF CH	IANGES	IN BE	NEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	hours per response:	0.5									

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

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*  Rosenberg Noah L.				<u>R</u>	2. Issuer Name and Ticker or Trading Symbol Retrophin, Inc. [ RTRX ]							ck all applic Director	onship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ow Other (s) below)	ner		
	(Firs OPHIN, IN	C.	fiddle)		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2020								,	hief Med	ical C	,		
3721 VALLEY CENTRE DRIVE, SUITE 200  (Street)  SAN DIEGO CA 92130				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(City)	(Stat		ip)											Form fi Person	ed by More	than	One Report	ing
1. Title of Security (Instr. 3) 2. Trans Date					2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.				or	5. Amour Securities Beneficia	Amount of ecurities eneficially		Direct II	. Nature of ndirect Beneficial
								Code	v	Amount	(A) o	r P	rice	Owned Following Reported Transaction(s) (Instr. 3 and 4)				Ownership Instr. 4)
Common Stock 01/3			1/31/20	1/2020		A		9,000 A \$		\$0.00	22,500			D				
		T	able II - Dei (e.ç							osed of, o				wned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Exec or Exercise (Month/Day/Year) if an		3A. Deemed Execution Dat if any (Month/Day/Ye	n Date, Transaction Code (Inst		n of l		6. Date E Expiratio (Month/E	on Dat			urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares					
Employee stock option (right to buy)	\$15.46	01/31/2020		A		55,000		(1)		01/30/2030	Commor Stock	55	,000	\$0.00	55,000	)	D	
Performance- based restricted stock units	(2)	01/31/2020		A		9,000		(3)		(3)	Common Stock	9,	,000	\$0.00	9,000		D	
Performance- based restricted	(2)	01/31/2020		A		10,000		(3)		(3)	Common Stock	10	,000	\$0.00	10,000		D	

## Explanation of Responses:

- 1. One-fourth of the shares subject to the stock option vest and become exercisable on the first anniversary of the date of grant, and the remaining shares vest in 36 equal monthly installments thereafter.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Common Stock of the Issuer.
- 3. This grant will vest upon the later of (i) 12 months from the date of grant and (ii) the achievement of specified clinical and regulatory development milestones, provided that the grant will expire on January 31, 2024 to the extent the specified clinical and regulatory milestones are not achieved by such date.

## Remarks:

<u>/s/ Elizabeth E. Reed, Attorney-</u> in-Fact

01/31/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.