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
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Clague Laura (Last) (First) (Middle) C/O RETROPHIN, INC.						Issuer Name and Ticker or Trading Symbol Retrophin, Inc. [RTRX] Date of Earliest Transaction (Month/Day/Year) 01/31/2020									elationship of Reporting Person(s) to Issuer ck all applicable) Director 10% Owner Officer (give title below) Chief Financial Officer				ner
3721 VALLEY CENTRE DR., SUITE 200 (Street) SAN DIEGO CA 92130					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 Form filed by More than One Reporting				
(City) (State) (Zip)															Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	2A Ex r) if a	CURITIES ACQUE 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		: Direct I r Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	nt (A) or (D)		Price		ransaction(s) nstr. 3 and 4)			Instr. 4)
Common Stock 01/31						/2020		A		9,000 A		\$0.00	22,	22,500		D			
		Т	able II - De (e.								sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate,	4. Transac Code (II 8)		of		6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				,	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0 N 0	lumber					
Employee stock option (right to buy)	\$15.46	01/31/2020			A		55,000		(1)		01/30/2030	L/30/2030 Common Stock		55,000	\$0.00	55,000		D	
Performance- based restricted stock units	(2)	01/31/2020			A		9,000		(3)		(3)	Comm Stock		9,000	\$0.00	9,000)	D	
Performance- based restricted	(2)	01/31/2020			A		10,000		(3)		(3)	Comm Stock		.0,000	\$0.00	10,000	0	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:

/s/ Elizabeth E. Reed, Attorneyin-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.

- * 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.