| SEC For | m 4 FORM | 4 | UNITED S | TATI | ES SI | | | - | | - | NGE C | OMM | SSION | | | | | |
|---|--|--|---|---|--|---|------|---|------|----------------------|---|--|--|--|----------|--|--|--|
| | | | | | | Washington, D.C. 20549 | | | | | | | | OME | | | B APPROVAL | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | TEMENT OF CHANGES IN BENEFICIAL OWNERSH Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | OMB Number: 3235-0 Estimated average burden hours per response: | | | 3235-0287 1 0.5 | |
| 1. Name and Address of Reporting Person* <u>RIEDEL NORBERT G</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Eton Pharmaceuticals, Inc.</u> [ETON] | | | | | | | | eck all applie X Directo | cable) or | 10% Own | | vner | |
| (Last) (First) (Middle) 21925 W FIELD PKWY, SUITE 235 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2023 | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) DEER PARK IL 60010-7 | | | | ' | Lin | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | |
| (City) | (S | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/D | | | | te | /Year) | 2A. Deemo Execution if any (Month/Da | Date | Transaction Dispo | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | Beneficia | es Foi ally (D) Following (I) (| | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v 4 | Amount (A) or (D) | | Price | Transact (Instr. 3 a | ion(s) | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or 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. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Cod | nsaction le (Instr. | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and of Securiti Underlying Derivative (Instr. 3 ar | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | le V | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to buy) | \$3.47 | 03/03/2023 ⁽¹⁾ | | A | | 25,000 | | (2) | 02/1 | /19/2033 | Common Stock | 25,000 | \$0.00 | 134,55 | i5 | D | | |

Explanation of Responses:

1. Option was approved by the Compensation Committee of the Board of Directors as of February 20, 2023 and approved by the full Board of Directors on March 3, 2023.

2. The shares subject to the option shall vest on a quarterly basis over 12 months from the date of grant until fully vested and exercisable on February 20,2024.

Remarks:

The reporting person has authorized and designated the named person to file this Form 4 on the reporting person's behalf for indefinite duration.

/s/ James R Gruber

** Signature of Reporting Person

03/03/2023

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.