## FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     KUTINSKY BRUCE						2. Issuer Name and Ticker or Trading Symbol AKORN INC [ AKRX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 1925 WI	,	First)  D COURT SUITE	(Middle	9)	3. Da			iest Trar	nsa	action (M	1ont	h/Day/Year)	X	Officer below)	(give title	ating	Other (s below)					
(Street)  LAKE FO	AKE FOREST IL 60045						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)					<u> </u>						_		<u> </u>		<u> </u>							
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yo					on 2 (Year) if	2A. Deemed Execution Date,			3. Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			or 5. Amo 4 and Securit Benefic Owned		unt of 6. ies Fo		n: Direct of E	7. Nature of Indirect Beneficial Ownership		
							c.	ode	v	Amount	(A) or (D)	Pri	ce				r. 4)	Instr. 4)				
Common Stock 0					017					M		100,000	A	\$	13.35	317	7,480		D			
Common Stock 08/03/201					17(1)					S		40,000	D	\$3	3.46(2)	277	7,480		D			
Common Stock 08/03/201					17(3)					F		25,541	D	\$3	3.45(4)	251,	51,939(5)		D			
			Та	ble II - Der (e.g								osed of, c				ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	Deemed ution Date, / th/Day/Year)	4. Transac Code (Ir 8)				6. Date Exercis Expiration Dat (Month/Day/Ye			ate	Amount of Securities Underlyin Derivative	Amount of Securities Inderlying		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i i 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	ble	Expiration Date	Title	or Nur of	ount mber ares							
Stock Options (Right to Buy)	\$13.35	08/03/2017			М			100,000	0	(6)		08/03/2017	Common Stock	100	0,000	\$0.00	0		D			

## **Explanation of Responses:**

- 1. Proceeds from the sale were used to pay the exercise price for this option exercise.
- 2. Represents the weighted average sale price of the shares sold. The shares were sold at prices ranging from \$33.41 to \$33.51. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at separate prices within the foregoing range.
- 3. The shares were withheld for the payment of the taxes due upon exercise of the options.
- 4. Equals the closing market price of Akorn common stock on August 3, 2017.
- 5. Following the reported transaction, the amount of shares beneficially owned consists of 55,203 unvested RSUs and 196,736 shares owned outright.
- 6. The stock options vested in four equal installments of 25,000 each on August 3, 2013, August 3, 2014, August 3, 2015 and August 3, 2016.

/s/ Joseph Bonaccorsi.
Attorney-in-Fact
\*\* 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.