FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	,			

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

					-	-																
Name and Address of Reporting Person*  Shave Allon				2. Issuer Name and Ticker or Trading Symbol VIVUS INC [ VVUS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Shaw Allan					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										X Direct	or		10% O	wner			
(Last)	(F TUS, INC.	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2018										Officer (give title below)			Other (specify below)			
900 E. HAMILTON AVE., SUITE 550				$\vdash$										_								
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																•	filed by On	e Rep	orting Perso	on		
CAMPB	ELL C	A	95008											Form filed by More than One Reporting Person				orting				
(City)	(5	State)	(Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					d (A) or r. 3, 4 and	Benefic	ties Fo cially (D) Following (I)			7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(11341. 4)				
Common Stock 08.			08/15	5/2018	2018			M		1,38	9 A (		(1)	63	63,366		D					
Common Stock 08/15/			5/2018	2018				F		438(2	(2) <b>D</b> \$		\$0.6	62,928			D					
	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 D if any (Month/Day)	Date,		ansaction ode (Instr.		5. Number of		Date Expiration	ole and 7. Title and Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersl Form: Ily Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	te ercisabl		xpiration ate	Title	1	Amount or Number of Shares							
Restricted Stock	(1)	08/15/2018			М			1,389		(3)		(3)		imon	1,389	\$0	2,778		D			

## **Explanation of Responses:**

- $1. \ Restricted \ stock \ units \ converted \ into \ VIVUS, \ Inc. \ common \ stock \ on \ a \ 1-for-1 \ basis \ upon \ vesting.$
- 2. The reporting person did not sell or otherwise dispose of any of the shares reported on this Form 4 for any reason other than by way of forfeiture to VIVUS, Inc. in order to cover estimated tax liability.
- 3. The restricted stock units vest according to the following schedule: 8/36ths of the total restricted stock units originally granted vested on May 15, 2016 and an additional 1/36th of the total restricted stock units originally granted vest on the 15th of each month thereafter, subject to the individual continuing to be a Service Provider (as defined in the VIVUS, Inc. 2010 Equity Incentive Plan) on the relevant vesting

## Remarks:

Units

/s/ Julie Hollenback, Attorney-08/16/2018 in-Fact

\*\* Signature of Reporting Person Date

Stock

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.