FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APF                  | PROVAL |  |  |  |  |  |
|--------------------------|--------|--|--|--|--|--|
| OMB Number: 3235-0       |        |  |  |  |  |  |
| Estimated average burden |        |  |  |  |  |  |
| hours per response       | 2: 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 Repor<br>KING THOMAS BR  | Date of Event<br>equiring Staten<br>Month/Day/Year<br>5/24/2017 | nent                | 3. Issuer Name and Ticker or Trading Symbol VIVUS INC [ VVUS ]         |                            |  |   |                        |   |                 |  |  |
|---|---|---------------------|--|----------------------------|--|---|------------------------|---|-----------------|--|--|
| (Last) (First) (Middle) C/O VIVUS, INC.   |   |                     |  |                            | tionship of Reporting Perso<br>all applicable)<br>Director | •   |                        | 5. If Amendment, Date of Original Filed (Month/Day/Year)  |                 |  |  |
| 900 E. HAMILTON AVE., SUITE 550   |   |                     |  | Officer (give title below) |  | Other (spe<br>below)  |                        | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |                 |  |  |
| (Street) CAMPBELL CA  | 95008   |                     |  |                            |  |   |                        |   | y More than One |  |  |
| (City) (State)  | (Zip)   |                     |  |                            |  |   |                        |   |                 |  |  |
| Table I - Non-Derivative Securities Beneficially Owned  |   |                     |  |                            |  |   |                        |   |                 |  |  |
| 1. Title of Security (Instr. 4)   |   |                     |  |                            | ally Owned (Instr. 4)                                      | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) |                        | 4. Nature of Indirect Beneficial Ownership (Instr. 5)   |                 |  |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |   |                     |  |                            |  |   |                        |   |                 |  |  |
| 1. Title of Derivative Security   | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)  |                     | 3. Title and Amount of Securities<br>Underlying Derivative Security (I |                            |  |   | ise Form:              | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5)                                       |                 |  |  |
|   |   | Date<br>Exercisable | Expiration<br>Date   | n Title                    | ,  | Amount<br>or<br>Number<br>of<br>Shares                            | Derivative<br>Security | Direct (D)<br>or Indirect<br>(I) (Instr. 5)   |                 |  |  |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Julie Hollenback, Attorney-in-

<u>Fact</u>

\*\* Signature of Reporting Person

Date

05/24/2017

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 5 (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.