FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES II | N BENEFICIAL | OWNERSHIE |
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| OMB APPROVAL | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

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* Dietz Thomas John | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Eiger BioPharmaceuticals, Inc.</u> [EIGR] | | | | | | | | | | olicable) | g Person(s) to I | | |
|--|--------|----------|-----------------------------------|----------|---|--|---|------|---------|---|----------|------------------------|---|---|---|--|------------------|------------|
| (Last) (First) (Middle) C/O EIGER BIOPHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2020 | | | | | | | | - | Offic belov | er (give title w) | Other below | (specify | |
| 2155 PARK BOULEVARD | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | l ' | | | | | |
| (Street) PALO Al | LTO CA | A 9 | 4306 | | | | | | | | | | | X | | n filed by Moi | e Reporting Pers | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benef | icially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | and 5) Secu Bend | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) ((D) | Pri | ce | Transaction(s) (Instr. 3 and 4) | | | (111341.4) |
| Common Stock 01/10 | | | | 01/10/2 | 2020 | | | | P 4,000 | | A | \$1 | \$13.94(1) | | 24,000 | 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 Security 3. Transaction Date Executio if any (Month/Day/Year) (Month/Day/Year) | | on Date, | Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5 | rative rities ired r osed) | 6. Date Exerci Expiration Da (Month/Day/Yo | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$13.89 to \$13.95, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Form 4.

Remarks:

/s/ Sriram Ryali, Attorney-in-

Fact

** Signature of Reporting Person

Date

01/10/2020

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.