FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
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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

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

| Name and Address of Reporting Person* Ryali Sriram | | | | | | 2. Issuer Name and Ticker or Trading Symbol Eiger BioPharmaceuticals, Inc. [EIGR] | | | | | | | | (Checl | all applicable) Director Officer (give title below) | | ng Person(s) to Iss 10% Own Other (sp below) ncial Officer | | wner |
|--|--|-------|---|-----------------|-------------|---|---|--------------|--|----------|--|---------------------------|--|--|---|--|--|--|---------|
| (Last) (First) (Middle) C/O EIGER BIOPHARMACEUTICALS, INC. 2155 PARK BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2022 | | | | | | | | X | | | | | Specify |
| (Street) PALO A (City) | LTO CA | | 4306 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | quired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | Execution Date, | | ate, | Transaction Disposed Of Code (Instr. 5) | | s Acquired (A) of (D) (Instr. 3, 4 | | and Secur Benet | | cially I Following | Form (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | | | v | Amount | (A) o (D) | Price | e | Transa | saction(s) r. 3 and 4) | | | (11341.4) | | | | |
| Common Stock 03/14/20 | | | | 2022 | | | | S | | 2,266(1) | D | \$5. | 973 41 | | 1,566 | | 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) | | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration D (Month/Day/ | | ate Ame Year) Sec Und Deri Sec 3 ar | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe Ily D OI | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

1. These shares were sold by the reporting person in a pre-elected sell-to-cover transaction to cover tax withholding obligations in connection with the vesting of the Restricted Stock Units granted on March 14, 2022 for 5,417 shares.

/s/ Sriram Ryali 03/14/2022

** 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.