FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, | D.C. | 20549 | |
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| | OMB APPROVAL | | | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burde | en | | | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* <u>Bramlage Charles</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Eiger BioPharmaceuticals, Inc. [EIGR] | | | | | | | | ck all applic Directo | , | | 10% Ov | | |
|--|--|------------|----------------------|--|--|---|-----------|------------------------|---|--------------------|--|---|---|--|-------------|---|--------------------|---------|
| (Last) (First) (Middle) 350 CAMBRIDGE AVE, SUITE 350 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/12/2017 | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| (Street) PALO A (City) | | | 94306 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | Form fi | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | Month/Day/ | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (III | v | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) Amount (A) or (D) | | 4 and | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Table II - De (e. | | | | | uired, Di s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) Security Code (Instr. 8) Code (I | | | 5. Number of Expiration Date Exercisable and Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | or | ount nber ires | | | | | |
| Stock Option (Right to Buy) | \$8.5 | 04/12/2017 | | A | | 10,000 | | (1) | O |)4/12/2027 | Common Stock | 10, | .000 | \$0.00 | 10,000 | 0 | D | |

Explanation of Responses:

1. The option vests in equal monthly installments over 12 months measured from April 12, 2017 subject to Reporting Person's continuous service status as of each such date.

Remarks:

/s/ James H. Welch, Attorney-04/12/2017 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.