FORM 4

Check this box if no longer

Form 5 obligations may

subject to Section 16. Form 4 or

continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Estimated average burden 0.5

OMB APPROVAL

5. Relationship of Reporting Person(s) to Issuer

hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

Nash Christine	A		HYPERION THERAP	EUTICS INC [HPTX		(Ch	(Check all applicable)								
(Last) C/O HYPERION T	(First) THERAPEUTICS, IN		3. Date of Earliest 03/17/2015	st Transaction (Month	ar)		X Off bel	Officer (give title		10% Owner Other (specify below)					
2000 SIERRA POINT PARKWAY, SUITE 400			4. If Amendment,	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
(Street) BRISBANE	CA	94005	_						Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(State)	(Zip)			Person										
		Table I - No	on-Derivative Securit	ties Acquired, Disp	osed of,	, or B ϵ	neficially (Owned	ı						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction (A) Code (Instr. (Ins			posed	d Of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D)	Beneficial Ownership			
					Code	V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock			03/17/2015		M		10,000	A	\$4.08	29,003	D				
Common Stock			03/17/2015		S (1) (2)		10,000	D	\$37.56	19,003	D				

				(e.g.,	puts, ca	alls, v	warrants	s, options, co	nvertible se	curities) ๋					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Bei Ow (Ins
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$4.08	03/17/2015		M			10,000	(3)	04/14/2021	Common Stock	32,709	\$0	12,709	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person on September 15, 2014.
- 2. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions ranging in price from \$37.50-37.65. The reporting person undertakes to provide Hyperion Therapeutics, any security holder of Hyperion Therapeutics or the staff of the Securities and Exchange Commission, upon request, the full information regarding the number of shares sold at each price within the range set forth in footnote (2) to this Form 4.
- 3. The shares acquired upon exercise of portion of option exercised were fully vested and exercisable. The option began vesting on April 15, 2011, at a rate of 1/48th per month.

/s/ Sally Brammell, Attorney-in-fact 03/17/2015

** 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.