FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB Number: | 3235-0287 | | | | |
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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).

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>Wigzell Hans Lennart Rudolf</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT] | | | | | | | | | f Reporting Person(s) to Issue able) 10% Own | | | |
|---|---|------------------------|--|--------|---|---|--|---|-------------------------------------|-------|----------------------------|--|--|---|--|-------------------------|---|---------------------------------------|
| (Last) 215 FIRS | ` | First) Γ, SUITE 415 | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2017 | | | | | | | | Officer below) | Officer (give title below) | | Other (specify below) | | |
| (Street) CAMBRIDGE MA 02142 (City) (State) (Zip) | | | | | _ 4. I _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | |) X Form fi | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on | | | |
| | | Tal | ole I - No | n-Deri | vativ | e Se | curi | ties Acc | quired, | Dis | posed o | f, or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | 2. Trans Date (Month) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | es Acquire Of (D) (Inst | | Beneficia Owned F | s ally following | 6. Own Form: I (D) or I (I) (Inst | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | tion(s) | | 1 | (Instr. 4) |
| Common Stock 1 | | | | | 0/201 | 7 | | | M | | 6,667(1 |) A | \$7.38 | 13,333 | | D | | |
| Common Stock 1: | | | | 11/3 | 0/201 |)/2017 | | | S | | 6,667(1 | D \$55 | | 9 6,0 | 6,666 | | D | |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiration (Month/E | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported | ly C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | Transactio (Instr. 4) | on(s) | | |
| Non- Qualified Stock Options (right to buy) | \$7.38 | 11/30/2017 | | | M | | | 6,667 ⁽¹⁾ | 07/23/20 | 009 | 07/23/2018 | Common Stock | 6,667 | \$7.38 | 0 | | D | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$55.87 to \$55.93, inclusive. The reporting person undertakes to provide to the Company, any security holder of the Company, 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 above.

Remarks:

/s/David Tyronne Howton, as Attorney-in-Fact for Hans

12/04/2017

Wigzell

** 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.