FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Price Ben Gil | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT] | | | | | | | | | f Reporting Person(s) to Issuer able) 10% Owner | | | | |
|---|---|--|---|---------|------------------------------|------|--|------|---|-------|--|--|--------------------------------------|--|--|---|---------------|--|--|--|
| (Last) 215 FIRS | (F ST STREE | | 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | | | |
| (Street) CAMBRIDGE MA 02142 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | vativ | e Se | curities | s Ac | quired | , Dis | posed c | of, or Be | neficia | ally C | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securitie Benefici Owned F | | s ally following | Form (D) o | n: Direct or Indirect of Indirect of | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | . | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Common Stock 02/29 | | | | | | | /2016 | | A | | 1,000 | (1) A | \$0. | 00 | 38, | 330 | | D | | |
| | | - | Table II - | | | | | | | | | or Ben | | | vned | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | De Se | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$13.71 | 02/29/2016 | | | A | | 10,500 | | (2) | | 02/28/2026 | Common Stock | 10,50 | 0 : | \$0.00 | 10,500 | 0 | D | | |

Explanation of Responses:

- 1. This Restricted Stock Award will vest in full on the first anniversary of the Issuer's next annual meeting of stockholders.
- 2. This option will vest at a rate of 1/24th of the total option amount granted on a monthly basis over two years commencing on the first monthly anniversary of Issuer's 2016 annual meeting of stockholders.

Remarks:

/s/David Tyronne Howton

03/02/2016

** 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.