

OMB APPROVAL	
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**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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* <u>Brennan Nora</u>  (Last) (First) (Middle)  11500 S. EASTERN AVE. SUITE 220  (Street) HENDERSON NV 89052  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SPECTRUM PHARMACEUTICALS INC [ SPPI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below)  EVP & CFO
	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.001 par value	06/21/2022 <sup>(1)</sup>		A		334,507	A	\$0.00	363,784	D	
Common Stock, \$0.001 par value	06/21/2022		S <sup>(2)</sup>		3,569	D	\$0.785	360,215	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)	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)	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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$0.71	06/21/2022 <sup>(3)</sup>		A		1,515,957		(4)	05/25/2032	Common Stock	1,515,957	\$0.00	1,515,957	D	

**Explanation of Responses:**

- The restricted stock unit grant was approved by Spectrum Pharmaceuticals, Inc's ("Spectrum") board of directors on May 25, 2022, subject to stockholder approval of the Amended and Restated 2018 Long-Term Incentive Plan (the "Plan") under which the restricted stock unit was granted. Spectrum's stockholders approved the Plan on June 21, 2022.
- All sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person for the purpose of satisfying tax withholding obligations in connection with restricted stock awards granted by the issuer.
- The option grant was approved by Spectrum's board of directors on May 25, 2022, subject to stockholder approval of the Plan under which the option was granted. Spectrum's stockholders approved the Plan on June 21, 2022.
- One third of the aggregate amount of option shares shall vest on each of May 25, 2023, 2024 and 2025, respectively.

**Remarks:**

/s/ Keith M. McGahan, attorney-in-fact for Nora E. Brennan 06/23/2022

\*\* 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.