McGahan Keith M Form 3 June 18, 2018 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> McGahan Keith M			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol SPECTRUM PHARMACEUTICALS INC [SPPI]					
(Last)	(First)	(Middle)	06/18/2018		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
11500 S. EASTERN AVE., SUITE 240					(Check	all applicable)				
(Street) HENDERSON, NV 89052					Director 10% Owner X Officer Other (give title below) (specify below) SVP and Chief Legal Officer			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)		Table I - N	on-Derivati	ive Securiti	es Be	neficially	y Owned	
1.Title of Secur (Instr. 4)	rity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	ership	rect Beneficial	
Reminder: Repowned directly		ate line for ea	ch class of secu	rities benefici	ally SI	EC 1473 (7-02))			
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 control number. Table II - Derivative Securities Beneficially Owned (<i>e.g.</i> , puts, calls, warrants, options, convertible securities)										
1. Title of Deri	vative Securit	•	te Exercisable a				5.		6. Nature of Indirect	

2. Date Exerc	isable and	3. Title and Amount of		4.	5.	6. Nature of Indirect
Expiration Da	ate	Securities Underlying		Conversion	Ownership	Beneficial Ownership
(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
	1	(Instr. 4)		Price of	Derivative	
D (T '4	Amount or Number of Shares	Derivative	Security:	
		The		Security	Direct (D)	
Exercisable					or Indirect	
					(I)	
	Expiration Da (Month/Day/Year) Date	Expiration Date (Month/Day/Year)	Expiration Date Expiration Date Securities U (Month/Day/Year) Securities U Derivative S (Instr. 4)	Expiration Day (Month/Day/Year)Securities Underlying Derivative Security (Instr. 4)DateExpiration DateTitle Number of Number of	$\begin{array}{c c} Expiration Date \\ (Month/Day/Year) \\ Date \\ Expiration \\ Exercisable \\ \end{array} \begin{array}{c c} Securities \\ Derivative \\ (Instr. 4) \\ Title \\ Date \\ \end{array} \begin{array}{c c} Security \\ Derivative \\ (Instr. 4) \\ Price of \\ Price of \\ Price of \\ Privative \\ Security \\ Privative \\ Security \\ Privative \\ Pr$	$ \begin{array}{c c} Expiration Date \\ (Month/Day/Year) \\ Date \\ Exercisable \\ Date \\ \end{array} \begin{array}{c c} Securities \cup derlying \\ Derivative Security \\ (Instr. 4) \\ Title \\ Date \\ Date \\ \end{array} \begin{array}{c c} Security \\ Price of \\ Number of \\ Number of \\ Shares \\ \end{array} \begin{array}{c c} Conversion \\ or Exercise \\ Derivative \\ Security \\ Derivative \\ Security \\ Direct (D) \\ or Indirect \\ \end{array} $

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O	Director	10% Owner	Officer	Other			
McGahan Keith M 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052	Â	Â	SVP and Chief Legal Officer	Â			
Signatures							
/s/ Kurt A. Gustafson, attorney- McGahan	06/18/2018						
<u>**</u> Signature of Repo	Date						
Explanation of Responses:							

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.