

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

| OMB APPROVAL                                 |           |
|--|-----------|
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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*<br><u>Broadfin Healthcare Master Fund Ltd</u><br><br>(Last) (First) (Middle)<br>20 GENESIS CLOSE<br>ANSBACHER HOUSE, SECOND FLOOR, 1344<br><br>(Street)<br>GRAND CAYMAN E9 KY1-1108<br><br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br>01/13/2015 | 3. Issuer Name and Ticker or Trading Symbol<br><u>Retrophin, Inc. [ RTRX ]</u>  |  |
|  |   | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br>Director <input checked="" type="checkbox"/> 10% Owner<br><br>Officer (give title below) Other (specify below) | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock                    | 2,658,854   | D <sup>(1)</sup>   |   |

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|--|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |  |   |
|  |  |                 |   |                            |  |  |   |

1. Name and Address of Reporting Person\*  
Broadfin Healthcare Master Fund Ltd  
 (Last) (First) (Middle)  
 20 GENESIS CLOSE  
 ANSBACHER HOUSE, SECOND FLOOR, 1344  
 (Street)  
 GRAND CAYMAN E9 KY1-1108  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Broadfin Capital, LLC  
 (Last) (First) (Middle)  
 300 PARK AVENUE  
 25TH FLOOR  
 (Street)  
 NEW YORK NY 10022  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
KOTLER KEVIN  
 (Last) (First) (Middle)  
 C/O BROADFIN CAPITAL, LLC

300 PARK AVENUE, 25TH FLOOR

(Street)

NEW YORK NY 10022

(City)

(State)

(Zip)

**Explanation of Responses:**

1. The Common Stock is held in the account of Broadfin Healthcare Master Fund, Ltd., a private investment fund managed by Broadfin Capital, LLC and may be deemed to be beneficially owned by Kevin Kotler, managing member of Broadfin Capital, LLC. Each of Broadfin Capital, LLC, Broadfin Healthcare Master Fund, Ltd. and Kevin Kotler disclaim beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended.

BROADFIN HEALTHCARE  
MASTER FUND, LTD., By: 01/30/2015

/s/ Kevin Kotler, Director

BROADFIN CAPITAL, LLC,  
By: /s/ Kevin Kotler, Managing 01/30/2015  
Member

/s/ Kevin Kotler 01/30/2015

\*\* 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 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.

**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.**