FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Lee Howard					1	Amphastar Pharmaceuticals, Inc. [AMPH]													
(Last) (First	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)					
C/O AMPH		I G ING						6/	3/20	24									
PHARMAC 6TH STREE		LS, INC	2., 115	70															
OTH STREE	(Stre	eet)			4. I	f Ar	nendmei	nt, Date (Origii	nal Fi	led	l (MM/D	D/YYYY)	6. Individual c	or Joint/G	roup Filing	(Check Appl	icable Line)
RANCHO C	CUCAMO	ONGA, (CA 917	730				,				(,	X Form filed by	One Repor	ting Person		
(0	City) (Sta	ate) (Zij	p)												Form filed by	More than (One Reporting I	Person	
										, <u> </u>					eficially Owne			1	T
1. Title of Security (Instr. 3)			2. Trans	s. Date	Exec	Deemed cution , if any	3. Trans. C (Instr. 8)	ode	4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)				Fo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial Ownership	
								Code	V	Amo	unt	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 6/3/2				024			A		3,076	<u>(1)</u>	A	\$0				148,356	D		
Common Stock 6/5/20				024			F		579	(2)	D	\$42.04				147,777	D		
	Tab	ole II - Der	rivative	Secui	rities l	Ben	eficially	Owned	(e.g.,	puts.	, ca	alls, wa	arrants,	, or	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deer Execution Date, if a	on Co	Trans. ode nstr. 8)	Der Acc Dis		mber of ative Securities red (A) or sed of (D) 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title and A Securities U Derivative S (Instr. 3 and		nderlying ecurity	Derivative	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		V	(A)	(D)	Date Exer	Date Exercisable		xpiration ate	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Stock Option (right to buy)	\$42.25	6/3/2024			A		6,8	64		<u>(3)</u>	6/	3/2034	Commo Stock	n	6,864	\$0	6,864	D	

Explanation of Responses:

- (1) The reported shares are represented by restricted stock units, or RSUs, all of which vest on June 3, 2025.
- (2) The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.
- (3) All of the shares subject to the option vest on June 3, 2025.

Reporting Owners

Damantina Overnan Nama / Address	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Lee Howard							
C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET	X						
RANCHO CUCAMONGA, CA 91730							

Signatures

/s/ Eva Wen, by power of attorney	6/5/2024			
**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 control number.