### 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.

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

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## 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

1. Name and Address of Reporting Person *					. Issue	r Nam	e <b>and</b> Tic	ker o	or Tradi	ng Sym	ıbol	5. Relationship of Reporting Person(s) to Issuer				
i iti to iti cii iito ii					amph AMPl		r Pharn	nace	eutica	ls, Inc	: <b>.</b> [	(Check all applicable)  _X_ Director 10% Owner				
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (gi	e title below	/)Oth	ner (specify b	pelow)
C/O AMPHA PHARMACI 6TH STREE	EUTICA	LS, INC	C., 11570				11	/ <b>17</b> /	2023							
	(Stree	et)		4.	. If An	nendm	ent, Date	Orig	inal Fil	ed (MM/	DD/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
RANCHO CUCAMONGA, CA 91730  (City) (State) (Zip)				)	-							X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I - 1	Non-Do	erivati	ive Se	curities A	cqui	red, Di	sposed	of, or Be	neficially Owne	ed			
1. Title of Security (Instr. 3)  2. Trans. De			ns. Date	te 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		Disposed of (D)			Following Reported Transaction(s)  (Instr. 3 and 4)  F			Form: Direct (D)	Ownership of Indirect Form: Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				7/2023			S		4,000		\$55.8614 <sup>(1)</sup>			31,895	D	
Common Stock			11/1	7/2023			G		1,000	D	\$0			30,895	D	
	Tab	le II - Der	ivative Se	curitie	s Bene	eficiall	y Owned	l (e.g.	., puts,	calls, v	varrants,	options, conve	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Tran (Instr. §		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		es ar	6. Date Exercisable and Expiration Date  Date Expiration		Securities Derivativ (Instr. 3 a		derlying Derivative Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)		ate xercisable	Expiration Date		nount or Number of ares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

#### **Explanation of Responses:**

(1) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$55.80 to \$56.50, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner Officer Of		Other			
PRINS RICHARD K							
C/O AMPHASTAR PHARMACEUTICALS, INC.	v						
11570 6TH STREET	Λ						
RANCHO CUCAMONGA, CA 91730							

### **Signatures**

/s/ Eva Wen, by power of attorney

11/20/2023

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.