☐ 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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Estimated average burden hours per response... 0.5

# 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

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Zhou Rong					Amphastar Pharmaceuticals, Inc. [ AMPH ]							Director	,	10%	6 Owner		
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							"	X_ Officer (give title below) Other (specify below) SENIOR EVP, PRODUCTION CENTER				
C/O AMPHASTAR					3/6/2024								, -				
PHARMACI 6TH STREE		LS, INC	C., 115'	70													
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)			2. Trans. D	I	te 2A. Deemed Execution Date, if any 3. Trans. C (Instr. 8)		3. Trans. Co (Instr. 8)	de 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) Ownershi Or Indirect (Instr. 4)			of Indirect Beneficial Ownership	
								Code	V	Amount	(A) or (D)	Price	:			(I) (Instr. 4)	(
Common Srock				3/6/2024	ı			F		1,390 (1	D	\$46.3	1		123,551	D	
Common Stock															99,668	I	See footnote (2)
Common Stock															5,000	I	See footnote (3)
	Tab	le II - Der	ivative	Securit	ies I	Bene	ficially	Owned (	e.g.,	puts, c	alls, wa	rrant	s, options, conve	tible secu	ırities)		
1. Title of Derivate Security 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date Date, if any Leave Security 2. Date Date, if any Leave Security 2. Date Date, if any Leave Security 2. Date Date Date, if any Leave Security 2. Date Date Date, if any Leave Security 2. Date Date Date Date, if any Leave Security 2. Date Date Date Date Date Date Date Date			Acquire Dispose			ive Securities and (A) or ed of (D) (4 and 5)		Date Exercise Expiration		Secur Deriv (Instr.	e and Amount of ties Underlying ative Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)		
				Co	ode	V	(A)	(D)		ercisable		Title	Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)	

## **Explanation of Responses:**

- (1) The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.
- (2) The shares are held of record by the Zhou Family Trust for which the reporting person serves as a trustee.
- (3) The shares are held of record by the reporting person's spouse.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Zhou Rong C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730			SENIOR EVP, PRODUCTION CENTER				

### Signatures

/s/ Eva Wen, by power of attorney	3/8/2024
**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.