

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

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

OMB APPROVAL
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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 *				2. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Zhou Rong					Amphastar Pharmaceuticals, Inc. [ AMPH ]								Director 10% Owner				
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Officer (give title below) Other (specify below)  EVP, Production Center				below)
C/O AMPHA PHARMAC 6TH STREE	EUTICA	LS, INC	., 11570				6/2	0/20	023								
	(Stre	et)		4. I	f An	nendme	ent, Date C	rigir	nal Fil	ed (MM	/DI	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check App	licable Line)
RANCHO CUCAMONGA, CA 91730													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	(City) (State) (Zip)  Rule 10b5-1(c) Transaction Indication  □ Check this box to indicate that a transaction was made pursuant to a contract, instructhat is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instructions of Rule 10b5-1(c).										ten plan						
		,	Table I - N	on-Der	ivati	ive Sec	urities Ac	quir	ed, Di	isposed	l of	f, or Be	neficially Owne	d			
1. Title of Security (Instr. 3)  2. Trans. I				Execu	Deemed ation if any	3. Trans. Co (Instr. 8)	posed of (D) Fo		I	. Amount of Securities Beneficially Owned following Reported Transaction(s) Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	V	Amou	(A)		Price				(I) (Instr. 4)	(Instr. 1)
Common Stock			6/20	0/2023			M		9651	A		\$11.33	1:	12341		D	
Common Stock													9	9668		I	See footnote (1)
Common Stock													•	5000		I	See footnote (2)
	Tab	le II - Deri	ivative Sec	urities l	Bene	eficially	y Owned (	e.g.,	puts,	calls,	wai	rrants,	options, conver	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		. 8) Deriva Acqui Dispo		ber of	6. Date Exerc and Expiration		cisable 7. 7. Second Date De		7. Title an	d Amount of Underlying e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	on ,	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Employee Stock Option (right to buy)	\$11.33	6/20/2023		М			9651		(3)	3/17/202	26	Common Stock	n 9651	\$0	24787	D	

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

- (1) The shares are held of record by the Zhou Family Trust for which the reporting person serves as a trustee.
- (2) The shares are held of record by the reporting person's spouse.
- (3) Shares subject to the option are fully vested and immediately exercisable.

### **Reporting Owners**

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

#### **Signatures**

\*\*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.