☐ 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.

OMB APPROVAL

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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

1. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Petersen Floyd F.						Amphastar Pharmaceuticals, Inc. [ AMPH]									X Director 10% Owner				
(Last)	(First)	(Mie	iddle)		3.	Date	of Ear	liest Tr	ansac	ctio	on (MM/	DD/YYY	YY)		Officer (giv	e title below	(r) Oth	ner (specify b	elow)
C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET						10/2/2023													
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)						
RANCHO C	UCAMO			730											X Form filed by		ting Person One Reporting F	erson	
			Table	I - Noi	n-De	rivati	ive Se	curities	s Acq	uir	red, Di	sposed	of, or	Ben	eficially Owne	·d			
1.Title of Security (Instr. 3)			2	2. Trans.		2A. De Execut Date, i	ion	3. Trans. (Instr. 8)			4. Securi Disposed (Instr. 3,	of (D)	iired (A)		5. Amount of Secur Following Reported (Instr. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial Ownership
								Code	, ,	V	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				10/2/20	23			S(1)			500	D	\$45.779	(2)			82,333	D	
	Tab	le II - Der	ivative	e Secui	ities	Bene	eficiall	ly Own	ed ( <i>e</i>	.g.	, puts,	calls, w	varran	ts, o	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security  Date Execution Date, if any  Execution Date, if any		Trans nstr. 8		Acquir Dispos	ative Securities red (A) or sed of (D) 3, 4 and 5)		and Da	6. Date Exercisable and Expiration Date  Date Expiration Expiration Exercisable Date			ative 3 an	ount or Number of	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

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

- (1) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 13, 2023.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$45.47 to \$46.21, inclusive. The reporting person undertakes to provide to 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	Other				
Petersen Floyd F.								
C/O AMPHASTAR PHARMACEUTICALS, INC.	v							
11570 6TH STREET	Λ							
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.