

[] 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

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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.]	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						
(Last) (First) (Middle)				3.]	3. Date of Earliest Transaction (MM/DD/YYYY)								_X_ Officer (give title below) Other (specify below) EVP, Production Center			below)		
C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET						6/8/2021												
(Street)				4.]	4. If Amendment, Date Original Filed (MM/DD/YYYY)							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 - No	on-Dei	rivat	ive Sec	curities A	cquii	red, D	ispose	l of, c	or Be	neficially Owne	ed			
1.Title of Security (Instr. 3)			2	2. Trans. Da		Execu			or Di		ecurities Acquired isposed of (D) r. 3, 4 and 5)		F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amou	(A) o		rice			or Indirect (I) (Instr. 4)				
Common Stock 6/8/2021				021			M		8180	A	\$14	1.23	99156 (1)			D		
Common Stock 6/8/2021				-			S		8180	D	_	.337	90976			D		
Common Stock 6/9/2021				021			S		4732	D	\$19	9.58	8	6244		D	G	
Common Stock														9	9668		I	See footnote (2)
Common Stock													5000		I	See footnote (3)		
						Ben								options, conver				
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	Executi	BA. Deemed 4. The Execution Coopate, if any (Institute of the Execution Coopate).			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date S			Sec Der	curities	nd Amount of Underlying e Security nd 4)	Inderlying Derivative Security Security	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	Beneficial Ownership (Instr. 4)
				Co	Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	n Titl	le	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Employee Stock Option (right to buy)	\$14.23	6/8/2021			M			8180	(<u>(4)</u>	12/22/202	'	ommoi Stock	n 8180	\$0	0	D	

Explanation of Responses:

- (1) Includes 1,010 shares acquired under the Issuer's 2014 Employee Stock Purchase Plan on May 31, 2021.
- (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.
- (4) 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 RANCHO CUCAMONGA, CA 91730								

/s/ Eva Wen, by power of attorney	6/10/2021			
**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.