FORM 4	
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[] 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. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PETERS WILLIAM J	Amphastar Pharmaceuticals, Inc. [AMPH]	Director 10% Owner				
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X_Officer (give title below) Other (specify below) CFO, EVP & Treasurer				
C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET	5/19/2021					
(Street) RANCHO CUCAMONGA, CA 91730 (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) 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

2. Trans. Date	2A. Deemed	Deemed 3. Trans. Code		4. Securities Acquired (A)		red (A)	5. Amount of Securities Beneficially Owned	6.	7. Nature
	Execution	(Instr. 8)		or Disposed of (D)			Following Reported Transaction(s)	Ownership	of Indirect
	Date, if any		(Instr. 3, 4 and 5			(Instr. 3 and 4)		Form:	Beneficial
									(Instr. 4)
								(I) (Instr.	
		Code	V	Amount	(D)	Price		4)	
5/19/2021		Α		3047 <u>(1)</u>	Α	\$0.00	111349	D	
		Date, if any	Execution Date, if any (Instr. 8) Code	Execution Date, if any Code V	Execution Date, if any (Instr. 8) or Dispos (Instr. 3, Code V Amount	Execution Date, if any Code V Amount (A) or (D) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Execution Date, if any (Instr. 8) or Disposed of (D) (Instr. 3, 4 and 5) Code V Amount (A) or (D)	Execution Date, if any (Instr. 8) or Disposed of (D) (Instr. 3, 4 and 5) Following Reported Transaction(s) Code V Amount (A) or (D) Price	Execution Date, if any (Instr. 8) or Disposed of (D) (Instr. 3, 4 and 5) Following Reported Transaction(s) Ownership Form: Direct (D) or Indirect Code V Amount (A) or (D) Price Following Reported Transaction(s) Ownership Form: Direct (D)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	 4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		1		Securities Underlying Derivative Security		Derivative Security (Instr. 5)	Securities	Ownership Form of Derivative	Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s)	or Indirect (I) (Instr. 4)	
Employee Stock Option (right to buy)	\$19.82	5/19/2021	Α		7209		<u>(2)</u>	5/19/2031	Common Stock	7209	\$0	7209	D	

Explanation of Responses:

(1) The reported shares are represented by restricted stock units which vest in four equal annual installments beginning on May 19, 2022.

(2) Shares subject to the option vest in four equal annual installments beginning on May 19, 2022.

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Wante / Address	Director	10% Owner	Officer	Other		
PETERS WILLIAM J C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730			CFO, EVP & Treasurer			

Signatures

/s/ William J. Peters	5/20/2021

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.