

[] 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

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)				
ZASLOFF MICHAEL A					Amphastar Pharmaceuticals, Inc. [AMPH]							_X_ Director	,,	10%	6 Owner	
(Las	t) (Firs	st) (M	iddle)	3.	Date	of Ea	rliest Trans	sacti	ion (MM	I/DD/YYY	Y)	Officer (giv	ve title below	v)Oth	ner (specify b	pelow)
C/O AMPH PHARMAC	CEUTICA	ALS, INC	C., 11570				3/1	16/2	2022							
6TH STRE		reet)		4	TC A.		t D-t	Oi -	-i1 F:	1-1 000	DD ANANA	(I dii d	I - : +/C	Eili	(0) 1 1 1	
	(50	(CCI)		4.	II Al	menan	nent, Date	Ong	ginai Fi	iea (MM/	DD/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
RANCHO CUCAMONGA, CA 91730 (City) (State) (Zip))								X _Form filed by One Reporting Person Form filed by More than One Reporting Person				
		, , ,	• /	Non-De	rivat	tive Se	curities A	cqui	ired, D	isposed	of, or Ber	neficially Own	ed			
1. Title of Security (Instr. 3) 2. Trans. Date			1	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquir Disposed of (D) (Instr. 3, 4 and 5)		. ,	5. Amount of Secur Following Reported (Instr. 3 and 4)			Ownership Form: of India Benefic	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 3/16/2022							M		10000	A	\$17.11	57206		D		
Common Stock			3/16	/2022			S		10000	D	\$33.7069 <u>(1)</u>		47206		D	
	Ta	ble II - Dei	rivative Se	curities	Ben	eficial	ly Owned	(e.g	g., puts	, calls, v	varrants, o	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivat Acquire Dispose		ber of ive Securities ed (A) or ed of (D) s, 4 and 5)		. Date Exercisable and Expiration Date		7. Title and Securities U Derivative (Instr. 3 and	nderlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (right to buy)	\$17.11	3/16/2022		M			10000		<u>(2)</u>	6/8/2022	Common Stock	10000	\$0	10291	D	

Explanation of Responses:

- (1) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.70 to \$33.81, inclusive. The reporting person undertakes to provide 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.
- (2) Shares subject to the option are fully vested and immediately exercisable.

Reporting Owners

Reporting Owners							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ZASLOFF MICHAEL A C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET	X						
RANCHO CUCAMONGA, CA 91730							

Signatures

/s/ Eva Wen, by power of attorney

**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.