

[] 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 OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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.						mph MPF		Pharm	ace	eutical	s, Inc.	. [_X_ Director	X_ Director 10% Owner				
(Last)	(First)	(Mi	ddle)		3.	Date o	of Earl	iest Trans	actio	on (MM/	DD/YYY	Y)	Officer (give title belov	v)Oth	ner (specify l	pelow)	
C/O AMPHA PHARMAC 6TH STREE	EUTICA	LS, INC	C., 11:	570				9/	1/2	022								
	(Stree	et)			4.	If Am	endme	ent, Date	Origi	inal File	ed (MM/I	DD/YYY	Y) 6. Individua	l or Joint/G	roup Filing	(Check Appl	licable 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 - Non	-Dei	ivati	ve Sec	urities A	cqui	red, Di	sposed o	of, or I	Beneficially Own	ned				
1. Title of Security (Instr. 3)				Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership			
								Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock				9/1/202	2			<u>S(1)</u>		500	D	\$29.443	(2)	88608		D		
	Tab	le II - Der	ivativ	e Securi	ities	Bene	ficially	y Owned	(e.g.	, puts,	calls, w	arrant	s, options, conv	ertible sec	urities)			
1. Title of Derivate Security (Instr. 3)	curity Conversion Date Execution			ion (In	Trans. str. 8)		Derivat Acquire Dispose	Number of rivative Securities quired (A) or sposed of (D) str. 3, 4 and 5)		5. Date Exercisable and Expiration Date Date Expiration Date Expiration Date		Securi Deriva (Instr.	e and Amount of ties Underlying tive Security 3 and 4) Amount or Number of Shares	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 November 22, 2021.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.96 to \$29.745, 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	21						
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

