

[] 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) | | | | |
|---|--------|-------------|-------------------------------|--------------|--|---|---------|---|--------|-----------------------|------------|---|---|---|--|--|------------|--|
| Petersen Floyd F. | | | | | | Amphastar Pharmaceuticals, Inc. [AMPH] | | | | | | | | X_ Director10% Owner | | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | (give title below | v)Otl | ner (specify b | pelow) | | |
| C/O AMPHA PHARMACI 6TH STREE | EUTICA | LS, INC | C., 115 | 570 | | | | 2 | /1/2 | 2023 | | | | | | | | |
| (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 | | | | |
| | | | | | | | | | _ | | | | Beneficially Ov | | | | | |
| 1. Title of Security (Instr. 3) | | | | | | 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) | | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock 2/1/2023 | | | | 23 | | | S(1) | | 500 | D | \$30.3513 | (2) | 86108 | 86108 | | | | |
| | Tab | le II - Der | ivativ | e Secu | rities | Bene | ficiall | y Owned | l (e.g | z., puts, | calls, w | arrant | s, options, con | vertible sec | urities) | | | |
| Security Conversion Date Ex | | | 3A. De Executi Date, if | ution (Instr | | . 8) Deriv Acqu Dispo | | mber of ative Securities red (A) or sed of (D) 3, 4 and 5) | | Date Exe nd Expira | | Securi Deriva (Instr. | e and Amount of ties Underlying tive Security 3 and 4) | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | |
| | | | | | Code | V | (A) | (D) | | exercisable | | | Shares | | (Instr. 4) | 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 \$30.00 to \$30.57, 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

