## FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# 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)			
					Amphastar Pharmaceuticals, Inc. [ AMPH]							_X_ Director	, <b>.</b>	109	% Owner	
(Last)	(Last) (First) (Middle)			3.	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						3/15/2024										
6TH STREE	T	-	., 1157													
	(Stree	,			If Am	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
RANCHO CUCAMONGA, CA 91730 (City) (State) (Zip)				30									X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(-		, (1		- Non-De	rivati	ve Seci	urities Acc	quir	ed, Dis	posed of	f, or F	Beneficially Owne	ed			
1. Title of Security (Instr. 3)			. Trans. Date	Execu	Deemed ution if any	3. Trans. Code (Instr. 8)		or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price	:			or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				3/15/2024			F		2,285	) <b>D</b>	\$43.0	5		107,015	D	
Common Stock				3/16/2024			F		5,105	) <b>D</b>	\$43.0	5		101,910	D	
Common Stock				3/17/2024			F		4,255	) <b>D</b>	\$43.0	5		97,655	D	
	Tab	le II - Der	ivative S	Securities	Bene	eficially	Owned (	e. <b>g.</b> ,	puts, c	alls, wa	rrant	s, options, conver	tible secu	ırities)		
Security Conversion Date		3A. Deem Execution Date, if an	(Instr. 8)	Acquir Dispos				6. Date Exercisable and Expiration Date			e and Amount of ties Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

(1) The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.

### Reporting Owners

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Danastina Ozona Nama / Addusa		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
PETERS WILLIAM J										
C/O AMPHASTAR PHARMACEUTICALS, INC.	. v		CFO, EVP & TREASURER							
11570 6TH STREET			CFO, EVF & TREASURER							
RANCHO CUCAMONGA, CA 91730										

### Signatures

/s/ William J. Peters 3/19/2024

\*\*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.