□ 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]	_X_ Director10% Owner				
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	XOfficer (give title below)Other (specify below)				
		CFO, EVP & Treasurer				
C/O AMPHASTAR	5/18/2023					
PHARMACEUTICALS, INC., 11570						
6TH STREET						
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
DANCHO CUCAMONCA, CA 01720						
RANCHO CUCAMONGA, CA 91730		X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)	Rule 10b5-1(c) Transaction Indication					
	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.					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

				-				-		
1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	(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)	Direct (D)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	5/18/2023		М		10500	Α	\$13.35	115648	D	
Common Stock	5/18/2023		S (1)		10500	D	\$44.35	105148	D	
Common Stock	5/19/2023		F ⁽²⁾		378	D	\$44.16	104770	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	3. Trans. Date	Execution	Deemed 4. Trans. Code e, if any (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, 4		ive Securities ed (A) or ed of (D)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative	Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			or Indirect	
Employee Stock Option (right to buy)	\$13.35	5/18/2023		М			10500	<u>(3)</u>	3/16/2027	Common Stock	10500	\$0	18490	D	

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 May 18, 2022.

- (2) The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units, or RSUs.
- (3) Shares subject to the option are fully vested and immediately exercisable.

Reporting Owners

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

Signatures

s/ William J. Peters	5/22/2023
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.