FORM 4
--------

[] 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 <sup>*</sup> -	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
	Amphastar Pharmaceuticals, Inc. [	(Check all applicable)				
Petersen Floyd F.	AMPH ]	_X_ Director10% Owner				
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Officer (give title below) Other (specify below)				
C/O AMPHASTAR	7/1/2022					
PHARMACEUTICALS, INC., 11570 6TH STREET						
(Street)	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				

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

	_	-					,			
1. Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Code		4. Securities Acquired (A) or		uired (A) or	5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8) I		Disposed of (D)			Following Reported Transaction(s)	Ownership	of Indirect
		Date, if any	(Instr. 3, 4 and 5) (In			4 and 5)		(Instr. 3 and 4)	Form:	Beneficial
							Direct (D)	Ownership		
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Common Stock	7/1/2022		<b>S</b> (1)		500	D	\$34.7817 (2)	89608	D	

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C	Code	5. Number	of	6. Date Exe	rcisable	7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative Securities		s and Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A) or		•		Derivative Security		Security	Securities	Form of	Beneficial
	Price of					Disposed o	f (D)			(Instr.	3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4 a	and 5)						Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
								-					Reported	or Indirect	
								Date	Expiration	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)	Exercisable	Date		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 \$34.48 to \$35.165, 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. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730	X						

### Signatures

/s/	Eva	Wen,	by	power	of	attorney	

7/5/2022

\*\*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.