Edgar Filing: Amphastar Pharmaceuticals, Inc. - Form 4

Amphastar Pharmaceuticals, Inc. Form 4 March 21, 2016

March 21, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Subject See Instruction See Instruction							Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5 1			
See Instruction 1(b). (Print or Type Responses)				compun	., 110		0			
PRINS RICHARD K Symbol			r Name and Ticker or Trading star Pharmaceuticals, Inc. I]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) C/O AMPHASTAR PHARMACEUTICA INC., 11570 6TH ST	LS,	3. Date of (Month/Da 03/17/20	•	ansaction			X Director Officer (give below)		Owner r (specify	
(Street	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
CUCAMONGA, CA	91730						Person			
(City) (State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
	Security (Month/Day/Year) Execution Date, if Instr. 3) any		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 03/17/2 Stock	016		Code V S	Amount 2,400	(D) D	Price \$ 11.25	(Instr. 3 and 4) 26,200	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
PRINS RICHARD K C/O AMPHASTAR PHARMACEUTICA 11570 6TH STREET RANCHO CUCAMONGA, CA 91730	LS, INC.	X					
Signatures							
/s/ Ken Stupak, by power of attorney	03/21/201	6					
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.