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Amphastar Pharmaceuticals, Inc. Form 4 December 07, 2016

December 0	07, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITED	SIAIES		shington			ANGE CU	DMMISSION	OMB Number:	3235-0287		
Check this box if no longer				U					Expires:	January 31, 2005		
subject t Section Form 4 o	CHANGES IN BENEFICIAL OWNI SECURITIES						Estimated a burden hour response	verage				
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17((a) of the H	Public U	tility Ho	lding Co	mpar	U	Act of 1934, 1935 or Section				
(Print or Type	Responses)											
Zhou Rong Sy			Symbol	er Name an			1	5. Relationship of Reporting Person(s) to Issuer				
			Ampha [AMPH	star Phar I]	maceutic	als, I	lnc.	(Check all applicable)				
	. , .	Middle)		f Earliest T Day/Year) 2016	Transaction			Director _X Officer (give to below) EVP, Pr		Owner r (specify er		
Filed(Mo			onth/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					
RANCHO CUCAMO	NGA, CA 91730						I	Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2A. Deemo Execution any (Month/Da	Date, if	3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
_				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	12/05/2016			S <u>(1)</u>	61 <u>(2)</u>	D	\$ 20.6955	36,991	D			
Common Stock								99,668	Ι	See footnote. (3)		
Common Stock								5,000	Ι	See footnote. (4)		

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

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δ	mount		
								or			
						Date Exercisable	Expiration Date		umber		
								of			
				Code V	(A) (D)				hares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Zhou Rong C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730			EVP, Production Center			
Signatures						

/s/ Ken Stupak, by power of attorney

**Signature of Reporting Person

12/06/2016

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).
- (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 20, 2016.
- (2) The reported shares were acquired under the Issuer's 2014 Employee Stock Purchase Plan.
- (3) The shares are held of record by the Zhou Family Trust for which the reporting person serves as a trustee.
- (4) The shares are held of record by the reporting person's spouse.

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.