Amphastar Pharmaceuticals, Inc.

Form 4

March 30, 2015

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Last)

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person \* Shandell Jason B.

(First)

Symbol

5. Relationship of Reporting Person(s) to

Issuer

below)

Amphastar Pharmaceuticals, Inc.

2. Issuer Name and Ticker or Trading

[AMPH]

(Check all applicable)

President

**OMB** 

Number:

Expires:

response...

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

(Middle)

3. Date of Earliest Transaction (Month/Day/Year) 07/07/2014

\_X\_\_ Director 10% Owner Other (specify X\_ Officer (give title

C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET

> (Street) 4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

**RANCHO** CUCAMONGA, CA 91730

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			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)	
Common			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	07/07/2014		F	4,413 (1)	D	\$ 8.75	123,019	D		
Common Stock	08/01/2014		F	1,352 (1)	D	\$ 8.84	121,667	D		
Common Stock	09/26/2014		F	770 (1)	D	\$ 11.83	120,897	D		
Common Stock	10/03/2014		F	988 (1)	D	\$ 11.41	119,909	D		

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Common Stock 03/26/2015 A 50,167 A \$ 0 170,076 D

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

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SEC 1474

(9-02)

## 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	orDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 14.95	03/26/2015		A	150,183		<u>(3)</u>	03/26/2025	Common Stock	150,18

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Shandell Jason B.

C/O AMPHASTAR PHARMACEUTICALS, INC.
11570 6TH STREET

Y
President

RANCHO CUCAMONGA, CA 91730

#### **Signatures**

/s/ Ken Stupak, by power of attorney 03/27/2015

\*\*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).
- (1) The reported securities were withheld to satisfy the Reporting Person's tax liability in connection with the vesting of deferred stock units (DSUs).
- (2) The reported securities are represented by DSUs which vest in four equal annual installments beginning on March 26, 2016.

Reporting Owners 2

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(3) Shares subject to the option vest in four equal annual installments beginning on March 26, 2016.

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.