Amphastar Pharmaceuticals, Inc.

Form 4 May 29, 2015

FORM 4

**OMB APPROVAL** 

UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response... 0.5

10% Owner

Other (specify

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

Amphastar Pharmaceuticals, Inc.

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Koo Richard

(First) (Middle)

C/O AMPHASTAR

PHARMACEUTICALS, INC., 11570 6TH STREET

(Street)

(Month/Day/Year)

4. If Amendment, Date Original

Execution Date, if

(Month/Day/Year)

Symbol

[AMPH]

(Month/Day/Year)

05/27/2015

Filed(Month/Day/Year)

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check Applicable Line)

X\_ Director

Officer (give title

Issuer

below)

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

Person

**RANCHO** CUCAMONGA, CA 91730

(City) (State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

(A)

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

D

Ι

Indirect Beneficial Ownership (Instr. 4)

or Code V Amount (D) Price 8,686

(1)

Common 05/27/2015 A Stock

(Zip)

A

\$0

223,408

10,000

See

Common Stock

1.Title of

Security

(Instr. 3)

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

SEC 1474 (9-02)

footnote (2)

#### Edgar Filing: Amphastar Pharmaceuticals, Inc. - Form 4

#### number.

## 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)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	erivative Expiration Date ecurities (Month/Day/Year) cquired (A) r Disposed of D) nstr. 3, 4,		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 15.11	05/27/2015		A	47,782	05/27/2016(3)	05/27/2020	Common Stock	47,782

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Koo Richard C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730	X				
0! 1					

### **Signatures**

/s/ Richard Whitlow, by power of attorney 05/29/2015

\*\*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 are represented by deferred stock units, or DSUs, all of which vest on May 27, 2016.
- (2) The reported shares are held directly by Richard Y. Koo, a sole proprietorship, for which the Reporting Person is the sole owner.
- (3) All of the shares subject to the option vest on May 27, 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.

Reporting Owners 2