Shandell Jason B. Form 4 May 02, 2019

## FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Estimated average burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 5 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

**SECURITIES** 

1(b).

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Amphastar Pharmaceuticals, Inc. [AMPH]

(Check all applicable)

President and General Counsel

(Last) (First) (Middle)

(Street)

(State)

3. Date of Earliest Transaction (Month/Day/Year) 05/01/2019

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

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

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Zip)

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

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

### **RANCHO** CUCAMONGA, CA 91730

(City)

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Na	ture of
Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indire	ect
(Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially Form: Direct Bene	ficial
(Month/Day/Year) (Instr. 8) Owned (D) or Owned	ership
Following Indirect (I) (Instr	: 4)
Reported (Instr. 4)	
(A) Transaction(s)	
$ \begin{array}{ccc} \text{Or} & \text{Or} & \text{Instr. 3 and 4} \end{array} $	
Code V Amount (D) Price (Amount 1)	
Common 05/01/2019 M 10,000 A \$ 169,947 D	
Stock 10.93 109,547 D	
Φ.	
Common $05/01/2019$ $S_{(1)} = 10,000 D$ \$ 159,947 D	
Stock 03/01/2019 3 <u>0</u> 10,000 D 21.97 139,947 D	

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

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### Edgar Filing: Shandell Jason B. - 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. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Lunderlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 10.93	05/01/2019		M	10,000	(2)	07/05/2023	Common Stock	10,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
reporting of the France, Frances	Director	10% Owner	Officer	Other	
Shandell Jason B. C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730	X		President and General Counsel		

## **Signatures**

/s/ Eva Wen, by power of attorney 05/02/2019

\*\*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 sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 15, 2019.
- (2) Shares subject to the option are fully vested and immediately exercisable.

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.

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