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PETERS W Form 4	ILLIAM J										
March 19, 2											
FORM	14 _{UNITED}	STATES	S SECUE	RITIES A	ND EXO	CHA	NGE C	OMMISSION	OMB AF	PROVAL	
		shington,					Number:	3235-0287 January 31,			
Check th if no lon subject t Section Form 4 c	ger STATE I 0 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type)	Responses)										
PETERS WILLIAM J Symbol			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Amphastar Pharmaceuticals, Inc. [AMPH]					(Check all applicable)			
			(Month/I	Date of Earliest Transaction onth/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
	IASTAR CEUTICALS, 0 6TH STREET		03/15/2	019				/	SVP & Treasure	er	
	(Street)	Filed(Month/Day/Year)Applicable Line)_X_ Form filed				Applicable Line) _X_ Form filed by C	Joint/Group Filing(Check				
RANCHO CUCAMOI	NGA, CA 91730							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiti on(A) or Dis (Instr. 3, 4	sposed and f (A)	of (D)	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	03/15/2019			А	25,951 (1)	А	\$0	101,501	D		
Common Stock	03/15/2019			F	2,944 (2)	D	\$ 20.23	98,557	D		
Common Stock	03/16/2019			F	4,437 (2)	D	\$ 20.23	94,120	D		
Common Stock	03/17/2019			F	5,228 (2)	D	\$ 20.23	88,892	D		

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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 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 o orDerivative Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) A) d of		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 20.23	03/15/2019		A	57,725		(3)	03/15/2029	Common Stock	57,725

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
PETERS WILLIAM J C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730			CFO, SVP & Treasurer			

Signatures

/s/ William J. Peters 03/19/2019 <u>**Signature of Date</u> Reporting Person

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 shares are represented by restricted stock units, or RSUs, which vest in four equal annual installments beginning on March 15, 2020.
- (2) The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of RSUs.
- (3) Shares subject to the option vest in four equal annual installments beginning on March 15, 2020.

Reporting Owners

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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.