#### Edgar Filing: Shandell Jason B. - Form 4

Shandell Jas Form 4	son B.										
November 15, 2018 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). NUNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Section 17(a) of the Public Utility Holding Company Act of 1940 30(h) of the Investment Company Act of 1940							ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•		
(Print or Type	Responses)										
1. Name and A Shandell Ja	Symbol	er Name <b>an</b> star Phar H]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 11/14/2018					_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) President and General Counsel			
RANCHO CUCAMO	(Street) NGA, CA 91730			endment, D nth/Day/Yea	-	1		6. Individual or Joi Applicable Line) _X_ Form filed by Oi Form filed by Mo Person	ne Reporting Per	rson	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acau	iired, Disposed of,	or Beneficiall	v Owned	
1.Title of Security (Instr. 3)2. Transaction D (Month/Day/Yea)				3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				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 Stock	11/14/2018			Code V S(1)	Amount 15,615	(D) D	Price \$ 20.4149	(Instr. 3 and 4) 9 183,890	D		
Common Stock	11/14/2018			S <u>(1)</u>	400	D	\$ 20.19	183,490	D		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)	4. Transactic Code (Instr. 8)	of Derivative	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title Amoun Underly Securiti (Instr. 3	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title M	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
reporting o mer rune / runess			10% Owner	Officer	Other			
Shandell Jason B. C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730		Х		President and General Counsel				
Signatures								
/s/ Eva Wen, by power of 11/1 attorney	5/2018							
**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 May 30, 2018.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.13
 (2) to \$21.07 inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

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.