Amphastar Pharmaceuticals, Inc. Form 3 June 24, 2014

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

**OMB APPROVAL** OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average

0.5

burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> ZASLOFF MICHAEL A	<ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	<sup>3</sup> 3. Issuer Name <b>and</b> Ticker or Trading Symbol Amphastar Pharmaceuticals, Inc. [AMPH]			
(Last) (First) (Middle) C/O AMPHASTAR PHARMACEUTICALS, INC., 11570 6TH STREET (Street) RANCHO CUCAMONGA, CA 91730	06/24/2014	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer10% Owner (give title below) (specify below)		<ul> <li>5. If Amendment, Date Original Filed(Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One</li> </ul>	
					Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1
Common Stock	8,682		D	Â	
Common Stock	5,457 <u>(1)</u>		D	Â	

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

#### SEC 1473 (7-02)

### 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

## Edgar Filing: Amphastar Pharmaceuticals, Inc. - Form 3

	(Instr. 4)			Price of	Derivative		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	(2)	12/18/2015	Common Stock	38,462	\$ 11.68	D	Â
Stock Option (Right to Buy)	(2)	10/03/2016	Common Stock	10,381	\$ 15.23	D	Â
Stock Option (Right to Buy)	(2)	12/10/2016	Common Stock	37,994	\$ 14.23	D	Â
Stock Option (Right to Buy)	(2)	12/15/2017	Common Stock	78,624	\$ 10.77	D	Â
Stock Option (Right to Buy)	( <u>3)</u>	12/20/2018	Common Stock	29,278	\$ 14.66	D	Â

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
ZASLOFF MICHAEL A C/O AMPHASTAR PHARMACEUTICALS, INC. 11570 6TH STREET RANCHO CUCAMONGA, CA 91730	ÂX	Â	Â	Â	
Signatures					

/s/Michael A. Zasloff, by Power of	06/24/2014		
Attorney	00/24/2014		
**Signature of Reporting Person	Date		

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) This represents deferred stock units that were granted on 12/20/2013 and fully vest on the first anniversary of the grant date.
- (2) This option is fully vested and exercisable.
- (3) This option was granted on 12/20/2013 and fully vests on the first anniversary of the grant date, subject to the reporting person's continued service on the Board of Directors of the Issuer through the vesting date.

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.