

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Mickle Travis C</u>  (Last) (First) (Middle) <u>C/O KEMPHARM, INC.</u> <u>2656 CROSSPARK RD, STE 100</u>  (Street) <u>CORALVILLE IA 52241</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>KEMPHARM, INC [ KMPH ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)  <u>President &amp; CEO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/29/2016</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/29/2016		P		2,050	A	\$14.5899	2,050	I <sup>(1)</sup>	By Mickle Investments LLC
Common Stock	03/29/2016		P		400	A	\$14.485	33,614	I	By spouse
Common Stock								1,381,176	D	
Common Stock								157,197	I	By Travis C. Mickle 2015 Dynasty Trust dtd 7/21/15, by spouse as trustee
Common Stock								243,880	I	By Christal M.M. Mickle 2015 Gift Trust, as trustee
Common Stock								100,604	D <sup>(2)</sup>	
Common Stock								230,812	I	By Travis C Mickle & Christal M.M. Mickle TRS UA 4-30-09 Mickle Family Trust, co-trustee with spouse
Common Stock								230,812	I	By Travis C Mickle & Christal M.M. Mickle TRS UA 4-30-09 TCM Family Trust, co-trustee with spouse

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

**Explanation of Responses:**

1. The Reporting Person and his spouse are the managing members of Mickle Investments LLC.
2. Held jointly with spouse.

**Remarks:**

/s/ Matthew P. Dubofsky, as  
Attorney-in-Fact for Travis C. Mickle    03/30/2016

\*\* Signature of Reporting Person      Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**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 Number.**