SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	1 0	son*	2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH]	(Checl	5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ov Officer (give title Other (s			
(Last) C/O KEMPHAR	(First) M, INC.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019		vP, Corporate C	Other (specify below) Controller		
1	1 A A A A A A A A A A A A A A A A A A A	/ARD, SUITE 103						
(Street) CELEBRATION (City)	(State)	34747 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	vidual or Joint/Group Filir Form filed by One Rep Form filed by More that Person	porting Person		

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

		-			,				 
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>	(Instr. 4)

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. Transa Code ( 8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ive ies ed ed nstr.	Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date		Expiration Date of Securities		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																										
Stock Option (right to buy)	\$0.5161	11/25/2019		A		36,000		(1)	11/24/2029	Common Stock	36,000	\$0	36,000	D																							

## **Explanation of Responses:**

1. Grant to the Reporting Person of a stock option under the Issuer's 2014 Equity Incentive Plan (the "Plan"). 100% of the shares underlying the option will vest upon the acceptance of a new drug application for the Company's product candidate, KP415, by the U.S. Food and Drug Administration, provided that at the relevant vesting date such optione's employment relationship has not been terminated as defined in the Plan. All shares underlying the option will vest in full and become immediately exercisable upon a change of control of the Issuer or if the Reporting Person is terminated without cause or resigns for good reason. The option expires ten years after the date of grant.

/s/ 11motny J. Sangiovanni 11/	<u>/s/ Timothy J. Sangiovanni</u>	11/2
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<u>27/2019</u>

\*\* 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.