Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEME |
|--|---------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

INT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* Guenther Sven | | | | | 2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH] | | | | | | | | heck | all applic Directo | able) r | on(s) to Issi 10% Ow Other (s | ner | | |
|--|--|------------|----------|---|---|---|--------|--|---------------------|------------------|--|------------------------------------|---------------------------------------|---|---|---|--|---------------------------------------|------------|
| | MPHARM, | INC. | (Middle) | 102 | | 3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019 | | | | | | | | X | below) | er (give title w) P, Research & I | | below) | |
| 1180 CELEBRATION BOULEVARD, SUITE 103 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | RATION FI | 2 | 34747 | | | | | | | | | | Li | ne) X | , | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | 1 013011 | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ear) | Execution if any | A. Deemed execution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | 4 and Securiti Benefic Owned | | s illy ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | Amo | unt | (A) or (D) | (A) or (D) Price | | Reported Transact (Instr. 3 a | tion(s) | | | (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) | rative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ate, | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Do | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expirati Date | | Title | Amoun or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$0.5161 | 11/25/2019 | | | A | | 56,000 | | (1) | 11/24/2 | 029 | Common Stock | 56,000 | | \$0 | 56,000 |) | 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 optionee'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/ Timothy J. Sangiovanni, Attorney-in-Fact for Sven

Guenther

** Signature of Reporting Person

Date

11/27/2019

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.