FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

1. Name and Address of Reporting Person* <u>Cohen Daniel L</u>							2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH]									nship of Reportir applicable) Director Officer (give title			Owner (specify	
(Last) (First) (Middle) C/O KEMPHARM, INC. 2500 CROSSPARK ROAD, STE E126							3. Date of Earliest Transaction (Month/Day/Year) 11/30/2016									EVP, Govt and				
(Street) CORALVILLE IA 52241 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person 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. Transac Date (Month/Da						Execution Date			Code (Instr. 5)						nd S B O	Amount of ecurities eneficially wned Following	6. Owner Form: Dir (D) or Ind (I) (Instr.	ect irect	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or D)	Price	Tr	eported ansaction(s) astr. 3 and 4)			(Instr. 4)				
Common	Stock	2016		P		747		A	\$3.475		10,747	D								
Common Stock 11/30/							2016		P		4,253		A	\$3.5		15,000	D			
		Та									sed of, onvertib				y Owr	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				Expiratio	on Dat	ear)	Amou		str. 3 ount	8. Price Derivat Securit (Instr. 5	ve derivative Securities	Owner Form Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	res						

Explanation of Responses:

Remarks:

<u>/s/ Daniel L. Cohen</u> <u>12/02/2016</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).