FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT 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 * Plooster Matthew R					2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner						
(Last)	(F MPHARM,	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/25/2015									Offic belo	er (give title v)	title Other (sp below)		pecify		
2656 CROSSPARK ROAD, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	VILLE IA	1	52241											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriva	ative	Se	curities	s Ac	quired, D	ispo	osed o	f, or Be	neficia	lly Own	d					
1. Title of Security (Instr. 3) 2. Transic Date (Month/I				2A. Deeme Execution if any (Month/Day			Date,	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		d Secur Benef Owne	cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	, ,	Amount	(A) or (D) Prio			etion(s) and 4)		(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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			ate, Ti	ransaction of ode (Instr. Derivative			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)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				С	ode	v	(A)	(D)	Date Exercisable	Exp Dat	oiration te	Title	Amount or Number of Shares	1						
Stock Option (right to buy)	\$19.02	08/25/2015			A		10,000		(1)	08/2	24/2025	Common Stock	10,000	\$0.00	10,00	00	D			
Stock Option (right to buy)	\$19.02	08/25/2015			A		12,000		(2)	08/2	24/2025	Common Stock	12,000	\$0.00	12,00	00	D			

Explanation of Responses:

- 1. Grant to the Reporting Person of a stock option under the Issuer's 2014 Equity Incentive Plan (the "Plan"). One hundred percent (100%) of the shares subject to the option shall vest on the earlier of (i) the first anniversary of the date of grant or (ii) one day prior to the date of the first annual meeting of the Issuer's stockholders following the date of grant, in each case subject to the Reporting Person's continuous service as of such date. The option expires ten years after the date of grant.
- 2. Grant to the Reporting Person of a stock option under the Plan. The shares underlying the option shall vest in equal annual installments beginning on August 25, 2016 through August 25, 2018, provided that, upon the occurrence of certain events the vesting of the options will be accelerated with respect to 100% of the shares. The option expires ten years after the date of grant.

Remarks:

James C.T. Linfield, as

Attorney-in-Fact for Matthew 08/27/2015

R. Plooster

** 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.