FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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]									Check a	tionship of Reporti all applicable) Director Officer (give title		g Person	10% C	
(Last) (First) (Middle) C/O KEMPHARM, INC. 2500 CROSSPARK ROAD, SUITE E126						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2017										belov	below) Coller (specific forms) EVP, Govt. & Public Relations			`
(Street) CORALVILLE IA 52241 (City) (State) (Zip)					4. If	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				
		Tabl	e I - No	n-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	f, or	Ben	efici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3,					id 5) S E C	Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	() ()	A) or O)	Price	Trai		action(s) 3 and 4)			(111511.4)
Common Stock 03/29/2					2017						1,500		Α	\$4.3347		16,500		D		
Common Stock 03/3				03/31/	2017				P		1,000		A \$4.7		.7	17,500		D		
	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 of Exercising Price of Derivative Security			3A. Deen Executio if any (Month/D	n Date, Day/Year) -	4. Transa Code (I 8)	saction of Deri (Instr. Seci Acq (A) o Disp of (I (Instr. and		osed) r. 3, 4	6. Date Expiration (Month/L	on Dai		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) Amo or Num of Title Shar		ount mber	8. Pric Deriva Securi (Instr.	tive ty	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership 1: ct (D) direct 1str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

/s/ Daniel L. Cohen

03/31/2017

** 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.

^{*} 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).