FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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 an | 2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH] | | | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | 10% Owner | | Owner | | | | |
|--|---|--|------|----------|------------------------|---|---|---|--|--|--|---|---|-----|--|---|---|---|---|
| (Last) (First) (Middle) C/O KEMPHARM, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2019 | | | | | | | | | Office belov | er (give title v) | le Othe belov | | r (specify v) |
| 1180 CEI | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| (Street) CELEBRATION FL 34747 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | y/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | nd | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | , I | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 05/10/2 | 019 | 019 | | A | | 8,487(1) | A | . \$0 | 16,655 | | 655 | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 117 | | I | By TD Ameritrade Clearing Inc. Custodian FBO Matthew Ryan Plooster Roth IRA, as trustee |
| | | Та | | | | | | | | | osed of, o convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transa Code (| | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownershi Form: Iy Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) |
| | | , | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Number of Shares | | | | | | | | |

Explanation of Responses:

1. Grant to the Reporting Person of a fully vested restricted stock award ("RSA") under the Issuer's 2014 Equity Incentive Plan. The RSA was granted to the Reporting Person in lieu of the quarterly cash compensation payable to the Reporting Person pursuant to the Issuer's Third Amended and Restated Non-Employee Director Compensation Policy.

/s/ Timothy J. Sangiovanni,

Attorney-in-Fact for Matthew 05/14/2019

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.