FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	JVAL
	OMB Number:	3235-0287
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0.5

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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>Clifton R. LaDuane</u>							2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [ KMPH ]										ionship of Reportin all applicable) Director Officer (give title		10% (	ssuer Owner (specify			
(Last) (First) (Middle) C/O KEMPHARM, INC.								3. Date of Earliest Transaction (Month/Day/Year) 09/25/2017										cer (give title Other (s) below) CFO, Secretary & Treasurer		າີ່ [			
2500 CROSSPARK ROAD, SUITE E126								4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) CORALVILLE IA 52241  (City) (State) (Zip)							vanchament, bate of Original Filed (World) Day Teal)									ne) X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Tabl	e I - Nor	n-Deriva	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)							ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,			id	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	()	A) or D)	Price	I	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)							
Common Stock 09/25/										P		300		A	\$3.77		1,575		D				
			Та									sed of, onvertib				/ Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date se (Month/Da	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of		6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of	nber								

**Explanation of Responses:** 

/s/ R. LaDuane Clifton

09/25/2017

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).