FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Braun Samuel J (Last) (First) (Middle) 5 WEST MAIN STREET					2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021									Officer (give title below)		e Other (below)					
BOX 361						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
														X Form filed by One Reporting Person							
R SD	5	7479-03	361											Form filed by More than One Reporting Person							
(Sta	ate) (Z	Zip)																			
	Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	ficially	/ Own	ed						
Di			Date (Month/Day/Year) i		Exec if an	2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed (isposed Of (D) (Instr. 3,			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or P	rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
MMON STOCK 05/13			05/13/	/2021				P		10,000 A		4 :	\$8.55	5 3,070,000(1)		D					
	Tal													Owne	d						
2. 2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		te ear)	3 and 4) ` Amou		De Se (In	rivative curity	derivative Securities Beneficiall Owned Following Reported	y [Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
	Samuel J (Fir: MAIN STF 1 CR SD (Sta Security (Inst DN STOCK 2. Conversion or Exercise Price of Derivative	(First) (No. 1) (No. 1	(First) (Middle) MAIN STREET 1 CR SD 57479-02 (State) (Zip) Table I - Nor Security (Instr. 3) ON STOCK Table II - Conversion or Exercise Price of Derivative (Month/Day/Year) [Month/Day/Year] [Middle] Street (Middle) Street (Middle) Street (Middle) Street (Middle) Street (Middle) Street (All Page 1 - Nor (All Page 2 - Nor (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	(First) (Middle) MAIN STREET 1 CR SD 57479-0361 (State) (Zip) Table I - Non-Derivation (Month/Date (Month/Date)) Security (Instr. 3) 2. Transact (Month/Date) Table II - Derivation (e.g., put) 2. Conversion or Exercise Price of Derivative (Month/Day/Year) 2. (Month/Day/Year)	Samuel J Samuel J	Conversion or Exercise Price of Derivative Security (Month/Day/Year) Samuel J	Samuel J Samuel J	Samuel J Samuel J	KEMPHARM, INC 3	Samuel J KEMPHARM, INC KMP	Code II - Derivative Securities Acquired, Disposed of Code Instruction Code Instr	Samuel J Samuel J	Samuel J	Check Chec	KEMPHARM, INC KMPH Check all app	Check all applicable Director	KEMPHARM, INC KMPH Check all applicable Director X	KEMPHARM, INC KMPH Check all applicable Director X 10% O Officer (give title below)			

Explanation of Responses:

1. Representing 3,010,000 shares held in the reporting person's individual capacity and 60,000 shares held in a jointly-owned account over which the reporting person exercises sole investment discretion. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.

/s/ Samuel J. Braun

05/17/2021

** 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.