FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | ction 1(b). | iuc. occ | | Filed | | | | | | ties Exchang mpany Act o | | 1934 | | nours | s per re | esponse: | 0.5 | |
|--|---|--|-----------------|--|--|------|---|---------|---------------------|--|---|---------------------------------------|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* <u>Clifton R. LaDuane</u> | | | | 2. Issuer Name and Ticker or Trading Symbol KEMPHARM, INC [KMPH] | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner Officer (give title Other (spe | | | | wner | | | |
| | (Fii MPHARM, | INC. | , , , | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2020 | | | | | | A below | v) `` | ve title Other (specify below) ecretary & Treasurer | | | |
| (Street) | RATION FI | . 3 | 4747 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities Acc | quired | , Dis | posed of | , or Be | nefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | nd Securi Benefi | ties Fo cially (D) d Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | v | Amount | (A) or (D) | Price | Transa | action(s) 3 and 4) | | | (| | |
| Common Stock 03/11/2 | | | | 2020 | | P | | 8,000 | A | \$0.25 | 513 3 | 33,000 | | D | | | | |
| | | Tal | ole II - | | | | | | | osed of, c | | | | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | eemed tion Date, n/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date | tion D | | | t of es ring ve y (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

/s/ R. LaDuane Clifton

Title Shares

03/12/2020

** Signature of Reporting Person

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).

Code V

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.

(A) (D) Exercisable Date