FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
ľ	OMB Number: 3235-028										
I	Estimated average burden										
II	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol KEMPHARM, INC [KMPH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Mickle Travis C						1111111	<u>,,, ,,</u>	to [ run				X Director	r	10% (	Owner	
(Last) (First) (Middle)				3.	Date of Earliest Transaction (Month/Day/Year)							X Officer below)	(give title	Other below	(specify	
C/O KEMPHARM, INC.					02/01/2022							President & CEO				
1180 CELEBRATION BOULEVARD, SUITE 103																
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)  CELEBR	RATION F	L	34747									X Form fi		Reporting Pers	- 1	
(City) (State) (Zi		(Zip)	_								Form filed by More than One Reporting Person					
(Oity)	(,															
		Ta	ble I - Non-D			ecurities	s Ac	quired, D	<del>-i</del>			y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				е	- 1	2A. Deemed Execution Date, if any (Month/Day/Year		r, Transaction Dispo Code (Instr.		rrities Acquired (A) or ed Of (D) (Instr. 3, 4 a		5. Amour Securities Beneficia Owned For	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amoun	t (A) (C)	Price	Transacti (Instr. 3 a	on(s)		(Instr. 4)	
	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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securi Underlyir Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form: y Direct (D or Indire (I) (Instr.	Beneficial Ownership et (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	11(3)		
Stock Option (right to buy)	\$7.17	02/01/2022		A		267,156		(1)	01/31/2032	Common Stock	267,156	\$0	267,156	5 D		

1. Grant to the Reporting Person of a stock option under the Issuer's Amended and Restated 2014 Equity Incentive Plan (the "Plan"). 25% of the shares will vest on February 1, 2023 and the remaining 75% of the shares will vest in equal annual installments thereafter, provided that at the relevant vesting dates such optionee's employment relationship has not been terminated as defined in the Plan. All shares underlying the option will vest in full and become immediately exercisable upon a change of control of the Issuer or if the Reporting Person is terminated without cause or resigns for good reason. The option expires ten years after the date of grant.

> /s/ Timothy J. Sangiovanni, 02/03/2022 Attorney-in-Fact for Travis C. Mickle

\*\* 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.