The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

# Notice of Exempt Offering of Securities

OMB APPROVAL				
OMB Number:	3235- 0076			
Estimated average burden				
hours per response:	4.00			

1. Issuer's Identity

CIK (Filer ID Nur	nber) Previous Names	None		Entity Type
<u>0001434647</u>	KEMPHAR	M INC	Х	Corporation
Name of Issue				Limited Partnership
KEMPHARM, INC				Limited Liability Company
Jurisdiction o Incorporation/Orga				General Partnership Business Trust
DELAWARE				Other (Specify)
Year of Incorpora	tion/Organization			Other (Specify)
X Over Five Years Ago	-			
Within Last Five Years (S	Specify Year)			
Yet to Be Formed	<b>F</b> = 5 = - 5			
2. Principal Place of Busines	s and Contact Information			
Name	of Issuer			
KEMPHARM, INC				
Street A	Address 1		Street Ad	dress 2
1180 CELEBRATION BOU	LEVARD, SUITE 103			
City	State/Province/Country	ZIP/Post	alCode	Phone Number of Issuer
CELEBRATION	FLORIDA	34747	(3	321) 939-3416
3. Related Persons				
Last Name	Firs	st Name		Middle Name
Mickle	Travis		C.	
Street Address 1	Street	Address 2		
c/o KemPharm, Inc.	1180 Celebration 103	Boulevard, Suite		
City	State/Prov	vince/Country		ZIP/PostalCode
Celebration	FLORIDA		34747	
<b>Relationship:</b> X Executive	Officer X Director X Promo	ter		
Clarification of Response (if	Necessary):			
Last Name	Firs	st Name		Middle Name
Clifton	R.		LaDuane	

Clifton	R.	LaDuane
Street Address 1	Street Address 2	
c/o KemPharm, Inc.	1180 Celebration Boulevard, Suite 103	
City	State/Province/Country	ZIP/PostalCode
Celebration	FLORIDA	34747
<b>Relationship:</b> X Executive Officer	Director Promoter	

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Johnson	Gordon	K.	
Street Address 1	Street Address 2		
c/o KemPharm, Inc.	1180 Celebration Boulevard, Suite 103		
City	State/Province/Country		ZIP/PostalCode
Celebration	FLORIDA	34747	
<b>Relationship:</b> X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
Guenther	Sven		
Street Address 1	Street Address 2		
c/o KemPharm, Inc.	1180 Celebration Boulevard, Suite 103		
City	State/Province/Country		ZIP/PostalCode
Celebration	FLORIDA	34747	
<b>Relationship:</b> X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
Sangiovanni	Timothy	J.	
Street Address 1	Street Address 2		
c/o KemPharm, Inc.	1180 Celebration Boulevard, Suite 103		
City	State/Province/Country		ZIP/PostalCode
Celebration	FLORIDA	34747	
<b>Relationship:</b> X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

I	Last Name	First Name		Middle Name
Pascoe		Richard	W.	
Stro	eet Address 1	Street Address 2		
c/o KemPharn	n, Inc.	1180 Celebration Boulevard, Suite 103		
	City	State/Province/Country		ZIP/PostalCode
Celebration		FLORIDA	34747	
<b>Relationship</b> :	Executive Office	r X Director Promoter		

Clarification of Response (if Necessary):

La	ast Name	First Name		Middle Name
Plooster		Matthew	R.	
Stree	et Address 1	Street Address 2		
c/o KemPharm,	Inc.	1180 Celebration Boulevard, Suite 103		
	City	State/Province/Country		ZIP/PostalCode
Celebration		FLORIDA	34747	
<b>Relationship</b> :	Executive Office	r X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Mi	iddle Name
Saluri	Joseph	В.	
Street Address 1	Street Address 2		
c/o KemPharm, Inc.	1180 Celebration Boulevard, Suite 103		
City	State/Province/Country	ZIP	P/PostalCode
Celebration	FLORIDA	34747	
<b>Relationship:</b> Executive Officer	X Director Promoter		

Clarification of Response (if Necessary):

L	ast Name	First Name		Middle Name
Tierney		David	S.	
Stre	et Address 1	Street Address 2		
c/o KemPharm	, Inc.	1180 Celebration Boulevard, Suite 103		
	City	State/Province/Country		ZIP/PostalCode
Celebration		FLORIDA	34747	
<b>Relationship:</b>	Executive Office	er X Director Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Banking & Financia Commercial Banking Insurance Investing Investment Bankin Pooled Investment Is the issuer regists an investment conthe Investment Conthe Investment Control of the Investm	king ing ht Fund tered as npany under	Health Care Biotechnology Health Insurance Hospitals & Physicians X Pharmaceuticals Other Health Care Manufacturing Real Estate	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Act of 1940?		Commercial Construction	Lodging & Conventions
Yes Other Banking &	No Financial Services	REITS & Finance	Tourism & Travel Services
Business Services Energy Coal Mining	T manetar Services	Residential Other Real Estate	Other Travel Other
Electric Utilities			

Energy Conservation Environmental Services

Oil & Gas

Other Energy

# 5. Issuer Size

<b>Revenue Range</b>	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 -		\$50,000,001 - \$100,000,000

\$100,000,000	C #400.000		
Over \$100,000,000 X Decline to Disclose	Over \$100,000 Decline to Disc		
Not Applicable	Not Applicable		
6. Federal Exemption(s) and Exclusion(s) Claim			
	Investmen	t Company Act Section 3(c)	)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(	c)(1) Section 3(c)	(9)
Rule 504 (b)(1)(i)	Section 3(	c)(2) Section 3(c)	(10)
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Section 3(	c)(3) Section 3(c)	(11)
X Rule 506(b)	Section 3(	c)(4) Section 3(c)	(12)
Rule 506(c)	Section 3(	c)(5) Section 3(c)	(13)
Securities Act Section 4(a)(5)	Section 3(	c)(6) Section 3(c)	(14)
	Section 3(c	:)(7)	
7. Type of Filing			
X New Notice Date of First Sale 2020-01-13 Amendment	First Sale Yet t	o Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more	than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that a	pply)		
Equity		Pooled Investment Fund	d Interests
Debt		Tenant-in-Common Sec	
Option, Warrant or Other Right to Acquire Ar Security to be Acquired Upon Exercise of Op	5	Mineral Property Secur	ities
Other Right to Acquire Security		X Other (describe)	
			le Promissory Notes convertible into uer and the equity securities issuable
10. Business Combination Transaction			
Is this offering being made in connection with a a merger, acquisition or exchange offer?	business combi	nation transaction, such as	Yes X No
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside	e investor \$0 US	D	
12. Sales Compensation			
Recipient	Rec	ipient CRD Number X Non	e
(Associated) Broker or Dealer X None	(Ass	sociated) Broker or Dealer (	
Street Address 1	Ctota	Street Addre	ss 2 ZIP/Postal Code
City State(s) of Solicitation (select all that apply) Check "All States" or check individual States		e/Province/Country preign/non-US	

Total Offering Amount\$3,037,354 USDorIndefiniteTotal Amount Sold\$3,037,354 USDorIndefiniteTotal Remaining to be Sold\$0 USDorIndefinite

Clarification of Response (if Necessary):

## 14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

1		

#### 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

## \$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date

Issuer	Signature	Name of Signer	Title	Date
KEMPHARM, INC	/s/ R. LaDuane Clifton	R. LaDuane Clifton	CFO, Treas & Sec	2020-01-13

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.