FORM 4

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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

1. Name and Address of Reporting Person *	2. Issuer Name **and** Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
Shah Nikita (Last) (First) (Middle) **C/O AMNEAL PHARMACEUTICALS, INC., 400 CROSSING BOULEVARD, THIRD FLOOR** (Street) **BRIDGEWATER, NJ 08807** (City) (State) (Zip)	**Amneal Pharmaceuticals, Inc. [AMRX]** 3. Date of Earliest Transaction (MM/DD/YYYY) **5/7/2018** 4. If Amendment, Date Original Filed (MM/DD/YYYY)	____ Director ____ 10% Owner __ **X** __ Officer (give title below) ____ Other (specify below) **SVP, Chief HR Officer** 6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	**$15.01**	**5/7/2018**		**A**		**72661**		(1)	**5/7/2028**	**Class A Common Stock**	**72661**	**$0.00**	**72661**	**D**	
Restricted Stock Units	(2)	**5/7/2018**		**A**		**17766**		(3)	(3)	**Class A Common Stock**	**17766**	**$0.00**	**17766**	**D**	

Explanation of Responses:

(1) The option vests in four equal annual installments beginning on May 07, 2019.

(2) Each restricted stock unit represents a contingent right to receive one share of the Issuer's Class A Common Stock.

(3) The restricted stock units vest in four equal annual installments beginning on May 07, 2019 and have no expiration date.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Shah Nikita **C/O AMNEAL PHARMACEUTICALS, INC.** **400 CROSSING BOULEVARD, THIRD FLOOR** **BRIDGEWATER, NJ 08807**			**SVP, Chief HR Officer**	

Signatures

/s/ Bryan M. Reasons, Attorney-in-Fact — **5/9/2018**

** 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 control number.