

[] 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

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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

1. Name and Address of Reporting Person *				2. 1	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hirt Sheldor	1			Aı	nne	eal Pha	ırmac	eut	icals,	Inc. [A	AMRX		(Спеск ан арр	nicable)			
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner X Officer (give title below) Other (specify below)					
C/O AMNEA INC., 400 CI THIRD FLO	ROSSING						5	5/7/2	2018			,	_X _ Officer (g SVP, GC & C		ow)	Other (speci	fy below)
THIKD FLC	(Stre	et)		4.]	lf Aı	mendme	nt, Date	Ori	ginal F	iled (MM/	DD/YYY	Y) (6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
BRIDGEWATER, NJ 08807 (City) (State) (Zip)											-	_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I -	Non-Der	ivat	tive Secu	ırities A	Acqu	ıired, l	Disposed	of, or I	Bene	eficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. D				ate Execution Date, if any 3. Trans. Code (Instr. 8) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Code V Amount (D) Price 4. Securities Acquired (A) Following Reported Transaction(s) (Instr. 3 and 4)					Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
	Tab	le II - Deri	ivative Se	curities l	Bene	eficially					<u> </u>	l .	ptions, conve	rtible sec	urities)	[4]	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	Code		5. Number of Derivative Securi Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rities Expiratio			7. Title and Am Securities Under Derivative Secu (Instr. 3 and 4)		derlying curity	Derivative Security	9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Ex	ate cercisable	Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option	\$15.01	5/7/2018		A		72661			<u>(1)</u>	5/7/2028	Clas Comi Stoc	mon	72661	\$0.00	72661	D	
Restricted Stock Units	<u>(2)</u>	5/7/2018		A		17766			<u>(3)</u>	<u>(3)</u>	Clas Comi Stoc	mon	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 owners								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hirt Sheldon								
C/O AMNEAL PHARMACEUTICALS, INC.			SVP, GC & Corp Sec					
400 CROSSING BOULEVARD, THIRD FLOOR			SVF, GC & Corp sec					
BRIDGEWATER, NJ 08807								

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.