### FORM 4

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

☑ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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# 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

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
 Patel Gautan	n			A	mne	al Pha	armaceı	ıtic	als, Iı	nc. [ Al	MRX		•	incaore)			
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								X Director 10% Owner Officer (give title below) Other (specify below)				
C/O AMNEAL PHARMACEUTICALS,					6/16/2025												
INC., 400 CF	ROSSING	3 BOUL	EVAR	RD													
	(Stree	et)		4.	If An	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	Y) (	5. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
BRIDGEWATER, NJ 08807					  -							_	X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Ci	ity) (Stat	e) (Zip	)												1 8		
								•	<u> </u>	•	,		ficially Owne			ı.	<u> </u>
1. Title of Security (Instr. 3)			. Trans. Date			3. Trans. Co (Instr. 8)	de	4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			Fol		nount of Securities Beneficially Owned wing Reported Transaction(s) . 3 and 4)		Ownership of In- Form: Bene Direct (D) Own	Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Common Sto	ock			6/16/2025			S		94,906	D	\$8.02	<u>(1)</u>			1,609,144	D	
	Tabl	le II - Der	ivative S	Securities	Bene	ficially	Owned (	e.g.,	puts, o				tions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	y Conversion Date Execution		n (Instr. 8	Derivativ Acquired Disposed		ve Securities d (A) or		6. Date Exercisable and Expiration Date			ities Ui	nderlying Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exe	e rcisable	Expiration Date		Amou Shares	nt or Number of		Transaction(s (Instr. 4)		

#### **Explanation of Responses:**

(1) These transactions occurred automatically pursuant to a plan adopted by the Reporting Person on August 15, 2024, that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). The price included in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.00 to \$8.05 per share, inclusive. The Reporting Person undertakes to provide Amneal Pharmaceuticals, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in the footnote.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Patel Gautam C/O AMNEAL PHARMACEUTICALS, INC. 400 CROSSING BOULEVARD BRIDGEWATER, NJ 08807	X						

#### **Signatures**

/s/ Denis Butkovic, Attorney-in-Fact

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.