Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

		-	-								
ANI PHAR Form 4 January 31,	MACEUTICALS 2014	INC									
FORM	Λ4	~~.~~~	~			~~~ .			OMB AF	PROVAL	
Check this box								OMMISSION	OMB Number:	3235-0287	
if no lor subject Section Form 4 Form 5 obligatio may cor <i>See</i> Inst 1(b).	nger to 16. or Dins ttinue. Section 17(CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES led pursuant to Section 16(a) of the Securities Exchange Act of 1934, ion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: January 3 200 Estimated average burden hours per response 0		
(Print or Type	Responses)										
A			Symbol	mbol NI PHARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (HARMACEUTIC MAIN STREET V	CALS,		Day/Year)	Fransaction			X Director X Officer (give below) Presid		Owner er (specify	
	(Street)			endment, I nth/Day/Ye	Date Origina ar)	al		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo	ne Reporting Pe	rson	
	TE, MN 56623							Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	omr Dispos (Instr. 3, 4	ed of (4 and 5 (A) or	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)	
Common Stock, par value \$0.0001	01/29/2014			Code V $A_{(1)}^{(1)}$	12,139	(D) A	Price (<u>1</u>)	155,029	D		
Common Stock, par value \$0.0001	01/29/2014			F <u>(2)</u>	5,644	D	\$ 21.339 (2)	1 149,385	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

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.

 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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)			7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
PRZYBYL ARTHUR C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623	Х		President and CEO				
Signatures							
/s/ Jane A. Meyer, as attorney in fact	01/31/20	14					
**Signature of Reporting Person	Date						
Evaluation of Deenen							

Explanation of Responses:

- * 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).
- (1) Represents a portion of the shares to be received by the Reporting Person under a Transaction Bonus Agreement with ANIP Acquisition Company, which portion was released to the Reporting Person from a rabbi trust on the date indicated.

Represents sales effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 12, 2013, the proceeds of which are used to pay the required tax withholding amount on the shares released from the rabbi trust. The price reported in Column 4 is a

(2) weighted average price. These shares were sold in multiple transactions at prices ranging from \$21.01 to \$21.895 per share. The Reporting Person undertakes to provide to 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 by him at each separate price on each date of sale.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.