FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average b | ourden | | | | | | |
| hours per response: | 0.5 | | | | | | |

| | tion 1(b). | | | Filed | pursua or Se | ant to Section 3 | Section 30(h) d | n 16(a) of the li | of the S nvestme | ecurit nt Co | ies Exchang mpany Act o | e Act of f 1940 | 1934 | | nours | s per n | esponse: | 0.5 |
|---|---|--|---------------------------------|------------------------------------|--|---|---------------------------|------------------------------|---------------------|--|--|--|--|--|---|--|--|-----|
| 1. Name ar | | f Reporting Person | k | | | | | | er or Tr | | Symbol LS INC | [ANI | | Relationshi Check all app Direct | plicable) | ng Pe | erson(s) to Is | |
| (Last) | (Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024 | | | | | | | | | Officer (give title below) SVP, GF | | Other (spec below) ENERICS | |
| 210 MAIN STREET WEST | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicabl Line) | | | | • • | |
| (Street) BAUDETTE MN 56623 | | | | | | | | | | | | | | Forn | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | tate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | 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. | | | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or B | enefic | ially Owr | ned | | | |
| Date | | | 2. Transac Date (Month/Da | ay/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di | | 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5) | | | nd Secur Benef Owner | Securities F Seneficially (I Dwned Following (I | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/15/2 | | | | 2024 | | F ⁽¹⁾ | | 1,244 | D | \$57 | .55 8 | 84,276 | | D | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ion Date, | Transaction Code (Instr. 8) S A (# | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 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: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Shares withheld for tax purposes exempt under Rule 16(b)-3 in connection with the vesting of 3,227 shares of restricted stock, the grant of which was previously reported.

Remarks:

/s/ Ori Gutwerg, by attorneyin-fact Meredith W. Cook

02/20/2024 ** 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 Number.