FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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. Date of E Requiring S (Month/Day 08/05/202	. Issuer Name <b>and</b> Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]								
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST  (Street) BAUDETTE MN 56623  (City) (State) (Zip)	-		Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	wner (specify	File 6. Ir	ndividual or Joi eck Applicable Form filed b	int/Group Filing Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned										
, ,			unt of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	(Instr. 4) or Ex		Convers or Exerc	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title		Amount or Security Number of Shares				5)	

**Explanation of Responses:** 

## Remarks:

No securities beneficially owned.

No securities are beneficially owned.

/s/ Antonio R. Pera

08/07/2020

\*\* Signature of Reporting

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.