Instruction 1(b)

FORM 4

Check this box if no longer subject

1. Name and Address of Reporting Person CAREY STEPHEN P.

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number: 3235-02											
Estimated average burden											

05

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Line) X

Person

SVP & CFO

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person Form filed by More than One Reporting

Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours	per response:		
1	or Section 30(h) of the Investment Company Act of 1940		6			
	2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]		tionship of Reportir all applicable)	of Reporting Person(s) to Issuer cable)		
			Director	10% Owner		
	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (give title below)	Other (specify below)		

(Last)	(First)	(Middle)
C/O AN	I PHARMACEUTICALS	, INC.

02/14/2024

210 MAIN STREET WEST

(Street) BAUDETTE	MN	56623
(City)	(State)	(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.

4. If Amendment, Date of Original Filed (Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	02/14/2024		A ⁽¹⁾		21,474	A	\$ <mark>0</mark>	177,313	D		
Common Stock	02/14/2024		A ⁽²⁾		14,316	Α	\$ <mark>0</mark>	191,629	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) of Dispo of (D)	r osed) r. 3, 4	Expiration Date (Month/Day/Year) ties ed sed		Expiration Date		Expiration Date (Month/Day/Year) Amount Securitie Underly Derivation		int of ities rlying ative ity (Instr.	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 Exercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. Represents a restricted stock award that will vest in four equal annual installments on the first, second, third and fourth anniversaries of February 14, 2024.

2. These shares represent performance stock units, which will vest over the applicable performance period based on the achievement of the provided performance targets, as set forth in the governing award agreement, subject to the reporting person's continued service as of the applicable vesting date and that will be settled into common stock upon vesting.

Remarks:

/s/ Stephen P. Carey, by 02/16/2024 attorney-in-fact Meredith W. Cook

** 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.