FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
bligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Arnold Charlotte C.						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]									Check	all app	p of Reportin blicable) ctor er (give title	ng Person	10% C		
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST						3. Date of Earliest Transaction (Month/Day/Year) 05/22/2015										X Officer (give title Offier below) VP and CFO					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
BAUDE	ГТЕ М	N 5	56623												X Form filed by One Reporting Person Form filed by More than One Reportin Person						
(City)	(St	ate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Exe		2A. Deemed Execution Date, f any (Month/Day/Year)		Code (Transaction Dis		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 65)			4 and Se Be Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/22						5			F		653	653 D		\$53	3.1	28,932		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)	Derivative Conversion Date Execution Date, Trans Security or Exercise (Month/Day/Year) if any Code				Transa Code (saction of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)						Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code				Date Exercisal	Expiration Sable Date		Title	Nur of	mber ires							

Explanation of Responses:

/s/ Charlotte C. Arnold

05/27/2015

** 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.