FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
1	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01 30	ection	30(11)	יו נווכ	iiivesii	ment C	Ullipally Act t	JI 1940						
1. Name ar	2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) SVP - CORP. DEV. & STRATEGY								
(Last)	(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023											
210 MAIN STREET WEST						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BAUDE	Street) BAUDETTE MN 56623													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(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.																	
		Table	I - N	on-Derivat	tive S	Secu	rities	s Ac	quire	d, Di	sposed o	f, or E	Benefici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,			´	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5 5)		Disposed Of	s Acquired (A) or f (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			
Common Stock														2	8,947		D	
Common Stock 08/01/202					23				S ⁽¹⁾		20,000	D	\$51.06	(2) 33	333,226		I	Held by Chali Properties LLC ⁽³⁾
		Tab	le II	- Derivativ (e.g., put							oosed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate Exer ration E nth/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
					Code	. v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 21, 2023.
- 2. Reflects the weighted average price of sales on August 1, 2023. The shares were sold in multiple transactions at prices ranging from \$50.52 to \$52.33, inclusive.
- 3. The reporting person holds voting and dispositive power over the shares held by Chali Properties LLC.

Remarks:

/s/ Chad Gassert, by attorneyin-fact Meredith W. Cook 08/03/2023

** 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.