FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per recognoses	. 0.5							

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

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 ]										ck all applic	ionship of Reporting all applicable) Director Officer (give title		10% Ov	vner
	•	.CEUTICALS, I	(Middle) NC.		09/	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2015									,	below) Vi	below) below) Vice President and CFO			
(Street)  BAUDE			56623 (Zip)		_   4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(Oity)	(0		le I - Nor	n-Deriv	/ative	e Se	curit	ies Ac	aui	ired. [	Disr	osed o	f. or	Bene	ficiall	v Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L			saction	2A. Deemed Execution D			3. 4. Securit Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		(A) or	5. Amou Securitie Benefici	nt of s ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	nt (A) or Pi		Price	Reported Transact (Instr. 3	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 09				09/2	5/201	15				М		18,16	18,166		\$6.36	49,204			D	
Common Stock 09			09/2	5/2015					M		894		A	\$33	50,	),098		D		
		-	Гable II -									sed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		Date		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F lly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	OI N of	umber					
Option to Purchase Common Stock	\$6.36	09/25/2015			M			18,166	07/	/12/2014	0	7/11/2023	Comm Stoc		8,166	\$0.00	22,167	7	D	
Option to Purchase Common	\$33	09/25/2015			M			894	04/	/01/2015	0.0	3/31/2024	Comm		894	\$0.00	9,000		D	

**Explanation of Responses:** 

/s/ Charlotte C. Arnold

09/28/2015

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).