FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W	/as	hin	gton,	D.C.	205	49	

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

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
hours per response:	0.5									

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Name and Address of Reporting Person*     Marken James G.						2. Issuer Name <b>and</b> Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]									eck all appli Directo	cable) or	r		wner			
(Last)	(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023										X Officer (give title Other (sp below)  SVP OPS & PROD DEV				specify		
210 MAIN STREET WEST					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) BAUDETTE MN 56623						Form filed by One Reporting Person  Form Form Form Form Form Form Form Form																
(City) (State) (Zip)					R	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.																					
		Tab	le I - Noi	n-Deri	vative	e Se	curit	ies Ad	cqu	uired,	Dis	posed o	of, or	Ben	eficial	ly Owned	<u>k</u>					
Date					saction /Day/Ye	Execution Date, Day/Year) if any		Execution Date,		3. Transaction Code (Instr. 8)				3, 4 and Securiti Benefic Owned		es ally Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or )	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock			08/2	3/202	)23			M		3,750	)	A	\$40.59		5,377		D				
Common	Stock			08/2	23/2023					M		1,66	7	A \$33		137,044			D			
Common	Stock			08/2	3/202	023			S		3,932	3,932 D		\$63	133,112			D				
		T	able II -									osed of converti				Owned						
Derivative   Conversion   Date   Executive   Security   or Exercise   (Month/Day/Year)   if any		3A. Deeme Execution if any (Month/Da	Date, Transacti					Ex	6. Date Exercisa Expiration Date (Month/Day/Yea		:	7. Title and Amount of Securities Underlying Derivative St (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)			
					Code	v	(A)	(D)		ate kercisabl		Expiration Date	Title	N O	Amount or Number of Shares							
Stock Option (right to buy)	\$40.59	08/23/2023			M			3,750		(1)		14/06/2026	Comm Stocl		3,750	\$40.59	0		D			
Stock Option (right to buy)	\$33	08/23/2023			M			1,667		(2)		3/31/2024	Comm Stocl		1,667	\$33	0		D			

## **Explanation of Responses:**

- $1.\,25\% \ of \ the \ total \ options \ vested \ on \ each \ of \ April \ 7, \ 2017, \ April \ 7, \ 2018, \ April \ 7, \ 2019, \ and \ April \ 7, \ 2020.$
- 2. 25% of the total options vested on each of April 1, 2015, April 1, 2016, April 1, 2017, and April 1, 2018.

## Remarks:

/s/ James G. Marken, by attorney-in-fact Meredith W.

08/25/2023

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.