FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-02							

287 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).

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

1. Name an		2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
PKLII									1	X	Direc	ctor	10% (Owner				
(Last)	3. [Date of Earliest Transaction (Month/Day/Year)								X Off be		er (give title v)	Other below	(specify)				
C/O ANI	01/	01/22/2014								President and CEO								
210 MAIN STREET WEST																		
						4. If Amendment, Date of Original Filed (Month/Day/Year)							- (6. Individual or Joint/Group Filing (Check Applicable				
(Street)						, , , ,								Line)				
BAUDETTE MN 56623													X Form filed by One Reporting Person					
				-									Form filed by More than One Reporting Person					
(City) (State) (Zip)																		
		Tab	le I - 1	Non-Deriv	/ative	Sec	uritie	s Ac	cquire	ed, D	isposed o	f, or E	Benefic	ally C	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,		3. 4. Securities Acquir Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instruction of the control of the co					d 5) Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				Î	Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)				
Common	014	.4			A ⁽¹⁾		12,139	A	(1)	(1)		48,534	D					
Common Stock, par value \$0.0001 01/22/201						14			F ⁽²⁾		5,644	D	\$23.98	3.9894(2)		42,890	D	
		Т	able II								posed of, convertib				ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed Ition Date, h/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. Represents a portion of the shares to be received by the Reporting Person under a Transaction Bonus Agreement with ANIP Acquisition Company, which portion was released to the Reporting Person from a rabbi trust on the date indicated.
- 2. Represents sales effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 12, 2013, the proceeds of which are used to pay the required tax withholding amount on the shares released from the rabbi trust. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.86 to \$25.43 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold by him at each separate price on each date of sale.

/s/ Jane A. Meyer, as attorney

in fact

01/24/2014

** 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.