## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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	on 16. Form 4 or Form 5 ons may continue. See on 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 and Gutwerg	d Address of Reporting g <u>Ori</u>	g Person <sup>*</sup>		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>ANI PHARMACEUTICALS INC</u> [ ANIP ]
(Last) C/O ANI	(First) PHARMACEUTI	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
	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.										
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication	ansaction Indication							
(Street) BAUDETTE	MN	56623		X Form filed by One Reporting Person Form filed by More than One Reporting Person							
210 MAIN ST	REET WEST		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Last) C/O ANI PHA	(First) RMACEUTIO	(Middle) CALS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024	X Oncer (give the below) below) below) SVP, GENERICS							
1. Name and Address of Reporting Person <sup>*</sup> Gutwerg Ori			2. Issuer Name and Ticker or Trading Symbol <u>ANI PHARMACEUTICALS INC</u> [ ANIP ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	02/14/2024		<b>A</b> <sup>(1)</sup>		14,763	Α	\$ <mark>0</mark>	75,678	D	
Common Stock	02/14/2024		A <sup>(2)</sup>		9,842	Α	\$ <mark>0</mark>	85,520	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or of (D) (Instr. 3, 4 and 5)		piration Date Amount of			nount of curities Security (Instr. 5) erivative ecurity (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

**Explanation of Responses:** 

1. Represents a restricted stock award that will vest in four equal annual installments on the first, second, third and fourth anniversaries of February 14, 2024.

2. These shares represent performance stock units, which will vest over the applicable performance period based on the achievement of the provided performance targets, as set forth in the governing award agreement, subject to the reporting person's continued service as of the applicable vesting date and that will be settled into common stock upon vesting.

Remarks:

/s/ Ori Gutwerg, by attorney-02/16/2024

in-fact Meredith W. 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.