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

Washington, D.	.C. 20549
----------------	-----------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Shanmugam Muthusamy						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]								heck a		licable)	ing Person(s) to Iss 10% Ow		
(Last)	(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024								X Officer (give title below) HEAD OF R&D, COO				Other (s below)	·
210 MAIN STREET WEST				4. If /	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)	(St	ate) (Zip)		Rule 10b5-1(c) Transaction Indication								on .						
					X						nsaction was n itions of Rule 1					uction or writ	ten plan	that is inte	nded to
		Table	l - No	n-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	posed of	, or E	enefici	ally (Own	ed			
Date			Date	:. Transaction Jate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock														6	8,652	I)	
Common Stock			03/08/2024				S ⁽¹⁾		10,000	D	\$67.1	7 ⁽²⁾	832,620		1	[]	Held by Esjay LLC ⁽³⁾		
Common Stock														5	5,000]	. 1	Held by SS Pharma LLC ⁽⁴⁾	
		Та	ble II								osed of, convertib			-	wne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversio Price of Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.		ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	wnership orm:	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. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 27, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions in prices ranging from \$66.51 to \$67.81, inclusive.
- 3. The reporting person holds voting and dispositive power over the shares held by Esjay LLC.
- 4. The Reporting Person holds voting and dispositive power over the shares held by SS Pharma LLC.

Remarks:

/s/ Muthusamy Shanmugam, 03/11/2024 by attorney-in-fact Stephen P. <u>Carey</u>

** 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.