FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

Estimated average burden hours per response: 0.5

Check this box if no longer sub	ject 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* Colored for Debort IAI						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Schrepfer Robert W					Ann j									Directo			10% Ow			
-				— -									X	Officer below)	(give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2014								VP Bus Dev & Con Mfg						
C/O ANI PHARMACEUTICALS, INC.						07/01/2017														
210 MAIN STREET WEST																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												'	X	Form fi	led by One	Repoi	rting Persor	1		
BAUDETTE M		IN 56623												Form filed by More than One Reporting						
														Person				9		
(City)	(S	tate)	(Zip)																	
		Tab	ole I - Non-	Derivat	ive Se	curities	s Ac	quired, D	ispo	osed o	f, or Be	neficia	lly C	wned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Dis		Disposed	urities Acquired (A sed Of (D) (Instr. 3,		d s	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code V Amou		Amount	(A) or (D)		- [-	Reported Transaction(s) (Instr. 3 and 4)			ľ	(Instr. 4)		
		-	Table II - D (e					uired, Dis , options					y Ov	vned	,					
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	Cod	ransaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	e V	(A)	(D)	Date Exercisable		piration te	Title	Amoun or Numbe of Shares								
Option to Purchase	\$33	04/01/2014		A		10,000		(1)	03/3	31/2024	Common Stock	10,000		\$0	10,000		D			

Explanation of Responses:

1. Options vest in equal annual installments on the first, second, third and fourth anniversaries of the grant date.

/s/ Robert W. Schrepfer

04/04/2014

** 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.