| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| 1 | | |
|---|--------------------------|-----|
| | hours per response: | 0.5 |
| | Estimated average burden | |

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP] | | tionship of Reporting Perso all applicable) | n(s) to Issuer |
|---|---------|------------------|---|-------------------|--|--------------------------|
| HOLOBOW FRED | | | | X | Director | 10% Owner |
| C/O ANI PHARMACEUTICALS, INC. | | (Middle) INC. | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017 | | Officer (give title below) | Other (specify below) |
| 210 MAIN STREET WEST | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | Check Applicable | |
| (Street) | | | | X | Form filed by One Report | ing Person |
| BAUDETTE | MN | 56623 | | | Form filed by More than C Person | One Reporting |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 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) | | (11311.4) |
| Common Stock ⁽¹⁾ | 03/31/2017 | | Α | | 1,000 | A | \$ <u>0</u> | 12,811 ⁽²⁾ | 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 Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and (Month/Day/Year) (Month/Day/Year) | | ate | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Stock Options ⁽¹⁾ | \$49.51 | 03/31/2017 | 03/31/2017 | A | | 2,000 | | 03/31/2017 | 03/30/2027 | Common Stock | 2,000 | \$0 | 2,000 | D | |

Explanation of Responses:

1. The restricted stock and stock options vest on the first anniversary of the grant date.

2. The amount of common stock beneficially owned reported herein corrects a calculation error in the reporting person's prior filings. There are no unreported transactions by the reporting person.

/s/ Fred Holubow

** Signature of Reporting Person Date

04/04/2017

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.