

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>Arnold Charlotte C.</u>  (Last) (First) (Middle) <u>210 MAIN STREET WEST</u> <u>C/O ANI PHARMACEUTICALS, INC.</u>  (Street) <u>BAUDETTE MN 56623</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ANI PHARMACEUTICALS INC [ ANIP ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Financial Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/19/2013</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>06/21/2013</u>		

**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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock <sup>(1)</sup>	06/19/2013		A		0	A	(1)	0 <sup>(1)</sup>	I	See Footnotes <sup>(1)</sup>

**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. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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)					

**Explanation of Responses:**

1. The Reporting Person is amending this Form 4 to report that no acquisition, direct or indirect, of common stock of ANI PHARMACEUTICALS, INC. (the "Issuer") occurred as a result of the establishment of a rabbi trust pursuant to a Grantor Trust, dated June 18, 2013. The Reporting Person has no pecuniary interest in the Issuer's common stock held by the rabbi trust and does not have any voting or dispositive power with respect to such shares. The Reporting Person will report the acquisition of common stock of the Issuer when such acquisitions occur as a result of distributions to her by the rabbi trust. Beginning on August 28, 2013, shares are to be released ratably on a weekly basis to a broker/dealer, who will sell on behalf of the reporting person a portion of the shares under a 10b5-1 trading plan entered into by the Reporting Person to cover tax withholding obligations, and release the remaining shares to the Reporting Person.

/s/ Paul A. Gajer, as attorney in fact 08/30/2013

\*\* 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.