FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL			
	OMB Number:	3235-0287			
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l	hours per response:	0.5			

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

1. Name an		2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]								Check al	nship of Repo applicable) Director Officer (give tit		Person(s) to Is					
(Last) C/O ANI		3. Date of Earliest Transaction (Month/Day/Year) 12/18/2013								X Officer (give title Officer below) Chief Financial Officer								
210 MAIN STREET WEST (Street) BAUDETTE MN 56623 (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - 1	Non-Deriv	/ative	Sec	uritie	s Ac	quire	ed, D	isposed o	of, or E	Benefici	ally O	vned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities 2 Disposed Of (5) S B C	Amount of ecurities eneficially wned Followin	F (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	т	ansaction(s) astr. 3 and 4)			(Instr. 4)		
Common	Stock, par	013	13			A ⁽¹⁾		3,675	A	(1)		40,651		D				
Common	013	13		F ⁽²⁾		1,364	D	\$15.08	94(2)	39,287		D						
		Ta	able II								posed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	ative or Exercise Price of Derivative Security Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/D			4. Transa Code (8)	(Instr.	5. Num of Derive Secun Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of		8. Price Derivat Securit (Instr. 5	ive derivativ y Securitie	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Represents a portion of the shares to be received by the Reporting Person under a Transaction Bonus Agreement with ANIP Acquisition Company, which portion was released to the Reporting Person from a rabbi trust on the date indicated.
- 2. Represents sales effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 12, 2013, the proceeds of which are used to pay the required tax withholding amount on the shares released from the rabbi trust. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$14.81 to \$15.51 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold by her at each separate price on each date of sale.

/s/ Jane A. Meyer, as attorney

in fact

** Signature of Reporting Person

12/20/2013

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.