FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
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 and Address of Reporting Person* MARSHBANKS TRACY						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]									k all app	nip of Reporting Peoplicable) ector		rson(s) to Is	
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/18/2018									Office below	er (give title v)		Other below	(specify)
210 MAIN STREET WEST (Street) BAUDETTE MN 56623				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable te) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (Beneficia Owned F		es For ially (D) Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 04/18/202				018	18		S		33,200	D	\$62.0	09 ⁽¹⁾ 45		450,601		T I	See Footnote ⁽²⁾		
	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)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In:	ivative der urity Sec tr. 5) Ber Ow Fol Rep Tra	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$62.00 to \$62.68. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. Held by FA Private Equity Fund IV, L.P., FA Private Equity Fund IV GmbH & Co. Beteiligungs KG, The Productivity Fund IV Liquidating Trust, and The Productivity Fund IV Advisors Fund Liquidating Trust, which the Reporting Person may be deemed to be a beneficial owner pursuant to rule 16a-1(a)(1).

04/19/2018 /s/ Tracy Marshbanks

** 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.