FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Shanmugam Muthusamy	2. Date of E Requiring S (Month/Day 11/19/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]				
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST (Street) BAUDETTE MN 56623 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director X Officer (give title below) HEAD OF R&D, COOOPS	10% C Other below)	wner (specify	A Person	vint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\	ate	3. Title and Amount of So Underlying Derivative So (Instr. 4)		4. Conversion or Exercise Price of	se Form:	Ownership (Instr. 5)
				Amount	Derivative	Direct (D) or Indirect	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

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/s/ Muthusamy Shanmugam 11/23/2021

** 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 5 (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.