FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Cook Meredith	2. Date of Eve Requiring Star (Month/Day/You 07/18/2022	atement (ear)	3. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]					
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS,			Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
INC. 210 MAIN STREET WEST			X Officer (give title below) SR. VP, GENERAL	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) BAUDETTE MN 56623			SEC.				by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
		-				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)			. Amount of Securities leneficially Owned (Instr. )	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect			
		erivative	Seneficially Owned (Instr.	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Ownership (Instr.		
		rivative , warran	eneficially Owned (Instr. ) Securities Beneficia	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)	5. Sion Ownership Cise Form:		

## Explanation of Responses:

## Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Meredith Cook

07/20/2022

\*\* Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.