FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT (	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPRO	OVAL
	OMB Number:	3235-0287
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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*  RAYNOR DANIEL						2. Issuer Name <b>and</b> Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]										all app	onship of Reporting P all applicable) Director		Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O BIOSANTE PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2013										Office below	icer (give title low)		Other (specify below)	
210 MAIN STREET WEST				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BAUDETTE MN 56623														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Code (	Transaction Disposed Code (Instr. 5)		ties Acquired (A d Of (D) (Instr. 3,		(A) oı 3, 4 a	4 and Secu Bene		cially I Following	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	•	Transaction(s) (Instr. 3 and 4)				(11150.4)	
Common Stock 11/01/					1/2013	3			A		8,310	)	A	\$	8,310		I	)		
	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)	erivative Conversion Date Execution Date, Trecurity or Exercise (Month/Day/Year) if any Co			nsaction of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		nber res						

**Explanation of Responses:** 

/s/ Daniel Raynor

11/04/2013

\*\* 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.