FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*     Arnold Charlotte C.						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]									all app	olicable)		Ssuer Owner (specify
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014									belov	w) ``	below ncial Officer	
(Street) BAUDETTE MN 56623  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Disposed Of					I 5) Secur Benef		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) . 3 and 4)		(Instr. 4)
Common	)14	14			<b>A</b> <sup>(1)</sup>		3,675	A	(1)	(1)		15,273	D					
Common Stock, par value \$0.0001 01/02/201						14			F <sup>(2)</sup>		1,364	D	\$19.41	.4122(2)		13,909	D	
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)	ve Conversion or Exercise Price of Derivative Security    Conversion (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Security   Execution Date, if any (Month/Day/Year)   Security   Secu			4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)  Amoun or Numbe of Title Shares		•		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)		

## **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 \$19.25 to \$19.61 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

01/06/2014

Date

in fact

\*\* Signature of Reporting Person

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.