FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## EMENT 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

1. Name and Address of Reporting Person*  Arnold Charlotte C.  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]  3. Date of Earliest Transaction (Month/Day/Year)									all app Direct Offict below	olicable) etor er (give title w)	Othe belo	Owner r (specify w)	
C/O ANI PHARMACEUTICALS, INC.						10/09/2013									Chief Financial Officer				
210 MAIN STREET WEST						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BAUDETTE MN 56623				_	4. II Amendinent, Date of Original Filed (Month/Day/Tear)								X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (	Zip)												Pers	OII			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. 4. Securitie Transaction Code (Instr. 8)				d 5) Secur Benef		icially d 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	rice		action(s) 3 and 4)		(11150: 4)				
Common Stock, par value \$0.0001 10/09/20							013		A <sup>(1)</sup>		3,675	A	(:	(1)		17,541	D		
Common Stock, par value \$0.0001 10/09/20						013		F <sup>(2)</sup>		1,364	D	\$9.93	\$9.9342(2)		16,177	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)				6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Seci (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## **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
- 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 \$9.87 to \$10.12 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

in fact

\*\* Signature of Reporting Person

10/11/2013

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.