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

1. Name and Address of Reporting Person*  Arnold Charlotte C.						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP] ]								(Check	all app	olicable)	Person(s) to Is	
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/25/2014								X	belov	w) ``	below ncial Officer	
210 MAIN STREET WEST  (Street)  BAUDETTE MN 56623  (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable  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	Acquired (D) (Inst	d (A) or r. 3, 4 and	d 5) Secur Benef Owne		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
								Ì	Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)
Common Stock, par value \$0.0001 02/25/201						4			A <sup>(1)</sup>		3,675	A	(1)	(1)		51,450	D	
Common Stock, par value \$0.0001 02/25/202					014	4		<b>F</b> <sup>(2)</sup>		1,364	D	\$32.76	2.7662 <sup>(2)</sup>		50,086	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)	tive Conversion Date Execu ty or Exercise (Month/Day/Year) if any		emed ion Date, Transa Code (		instr.			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		Deriv Secu (Inst		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
- 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 \$30.20 to \$34.20 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

Date

02/27/2014

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.