FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* <u>Brown Robert E. JR</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP] | | | | | | | | | | ck all appli | onship of Reporting P all applicable) Director | | son(s) to Iss 10% Ow | | | |
|--|---|--|---|---------|-----------|--|--|---|------------|----------------------------------|---------------|--|----------------|--|------------------------|--|--|---|--|---|--|--|
| (Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2016 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| 210 MAIN STREET WEST | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. 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) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | e Se | curit | ies Ac | qui | ired, I | Dis | posed o | of, or B | ene | ficially | y Owned | t | | | | | |
| Date | | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | tion nstr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es Fo ially (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | • | Code | v | Amount | (A) (D) | or F | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock 11/15/ | | | | | | 2016 | | | | M | | 3,125 | 5 <i>A</i> | . ! | \$6.36(1 |) 13 | 13,235 | | D | | | |
| Common Stock 11/15/ | | | | | 5/2016 | 6 | | | | M | | 2,333 | 3 <i>A</i> | | \$33(1) | 15 | 15,568 | | D | | | |
| | | T | able II - | | | | | | | | | osed of onverti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | Code (Ins | | | | | Date Exe piration onth/Day | Date | Amou Secur Under Deriva | | . Title and mount of ecurities Inderlying erivative Security nstr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | or Nu of | nount imber ares | | | | | | | |
| Option to Purchase | \$6.36 ⁽¹⁾ | 11/15/2016 | | | M | | | 3,125 | 07/ | /12/2013 | 3 0 | 7/11/2023 | Commo Stock | 3, | ,125 | \$0.00 | 1,042 | | D | | | |
| Option to | \$33 ⁽¹⁾ | 11/15/2016 | | | M | | | 2,333 | 04/ | /01/2014 | 1 0 | 3/31/2024 | Commo | $\begin{bmatrix} 1 \\ 2 \end{bmatrix}$ | ,333 | \$0.00 | 1,167 | | D | | | |

Explanation of Responses:

1. The Reporting Person acquired the shares reported in Table I via a cash exercise of the options reported in Table II.

11/16/2016 /s/ Robert E. Brown, Jr.

** 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.