FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	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* Schrepfer Robert W						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]											of Reportin cable) or (give title	ng Person(s) to Is: 10% O Other (vner	
	I PHARMA	CEUTICALS, I	(Middle)													below)	peony				
210 MAIN STREET WEST (Street) BAUDETTE MN 56623					4. If Amendment, Date of Original Filed (Month/Day/Year)										Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)		Person									9							
		Tab	le I - Non-	Deriva	ative	Sec	uriti	ies Ac	qui	ired, [Disp	osed c	of, or	Bene	eficial	ly Owned	ŀ				
Date				2. Transa Date (Month/D		ar) E	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Inst					quired (Instr.	(A) or 3, 4 and	Benefici	es ally Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	ount (A) (D)		Price	Transact (Instr. 3	tion(s)			(Instr. 4)				
Common	Stock			06/18/	/2015	5				M		9,06	2	A	\$6.6	19,	,562				
		7	able II - D (e									sed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	Transaction Code (Instr.				Expi	6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exe	e rcisable		opiration			mount r lumber f hares						
Option to Purchase	\$6.6	06/18/2015			М			9,062	08/0	01/2014	07	7/31/2023	Comm		9,062	\$0.00	34,688	3	D		

Explanation of Responses:

/s/ Robert W. Schrepfer

06/19/2015

** 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.