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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Jamnick Robert J.						ANI FITARIVIACEUTICALS INC [ ANIP ]								`	Direct	,		10% O	wner	
						Data -	f Ford:-	at Tu-	accetion (14	- n#1-	/Day/\/a =\			y	Office below	r (give title		Other (s	specify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/12/2013								VP. C	Juality & F	Prodi	uct Develo	m.		
C/O ANI PHARMACEUTICALS, INC.					10"	0//12/2015									, 1, 4	cuality of 1	100	uce Develo	·P·	
210 MAIN STREET WEST																				
				, 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)					07/	/16/2	013							Line	,		_			
BAUDE	TTE M	[ <b>N</b>	56623											)	Form filed by One Reporting Person					
					.									Form Perso		e tha	ın One Repo	orting		
(City)	(S	tate)	(Zip)												1 0100					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
						_				<u> </u>	<del>-</del>				_					
1. Title of	Security (Ins	tr. 3)		2. Transa Date	action	ction													7. Nature of Indirect	
(Month/I					Day/Ye								Benefic					Beneficial Ownership		
												_	Report		ed			(Instr. 4)		
									Code	۱v	Amount	nt (A) or (D)		rice		ansaction(s) str. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									s, option											
1. Title of 2. 3. Transaction 3A. Deemed					4.									8. Price of	9. Number	of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I	e, Transaction Code (Instr		str. Derivative Securities		Expiration Date Amount of Securities Underlying					Derivative Security				of Indirect Beneficial			
(Instr. 3)	Price of	(,		Month/Day/Year) 8							- 10	(Instr. 5)			Direct (D)	Ownership				
	Derivative Security							Acquired (A) or		Derivative Secur (Instr. 3 and 4)						Following	(I) (In:	or Indirect (I) (Instr. 4)		
						Disposed of (D)										Reported Transaction(s)				
							(Instr. 3, 4									(Instr. 4)	(3,			
				F		and 5)		יי ו			<u> </u>		_							
													Amo	unt						
									Date		Expiration		Numl	oer						
					Code	v	(A)	(D)	Exercisabl		Date	Title	Share	es						
Option to	(1)								(1)		(1)	Common	0(1	<u>,                                    </u>		(1)				

## **Explanation of Responses:**

Purchase

1. On July 16, 2013, the reporting person filed a Form 4 in error that reported the grant of an option to purchase 177,500 shares of common stock conditioned upon shareholder approval of an amendment to the Issuer's 2008 Stock Incentive Plan to increase the number of shares authorized for issuance under the Plan. This amendment is being filed to correct the report of the conditional grant made on July 12, 2013. The grant will be reported following such shareholder approval, if obtained.

/s/ Paul A. Gajer, as attorney in

02/14/2014

fact

\*\* 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.