FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

					_		( )				, <i>)</i>			_						
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ ANIP ]								5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PRZYBYL ARTHUR															X	Direc	ctor	10% (	Owner	
-					-									_	X	Office	er (give title		(specify	
(Last)	(F	irst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	below)		)	
C/O ANI	PHARMA	CEUTICALS, I	NC.		05/	05/22/2015									President and CEO					
210 MAIN STREET WEST																				
210 MAIN STREET WEST					1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					-   4. 11	AIIIC	enument	, Date 0	n Ongina	riieu	(WIOTHIT/DO	ay/ iec	ai <i>)</i>		ne)	iuuai 0	i John Group	J Filling (Check )	Applicable	
BAUDE	rte M	IN 5	56623												X	Form	n filed by On	e Reporting Per	son	
DITODL	IIL IV.		30023													Form	n filed by Mo	re than One Rep	oorting	
					1											Pers	on			
(City)	(S	tate) (	Zip)																	
		Tabl	le I - Nor	า-Deriง	/ative	Se	curitie	es Acc	quired,	Dis	posed o	of, or	Ben	eficia	ally (	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action				3.								ount of	6. Ownership	7. Nature	
				Date (Month/	Day/Yea	ar)	Execution Date, if any		Code (	Transaction Disposed Of (D) (II Code (Instr. 5)		) (Instr.	tr. 3, 4 and		Beneficially		Form: Direct (D) or Indirect	of Indirect Beneficial		
							(Month/Day/Year)		7) 8)	8)					Owne Repor		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	Transa		action(s) 3 and 4)			
								_		-	<del>                                      </del>			<u> </u>		3 and 4)				
Common Stock 05/22/					2/2015	/2015			F		1,469		D	\$53	53.1 1		32,695	D		
		T <sub>2</sub>	able II - [	) Orivat	ivo S	001	ıritioc	Vean	ired D	ieno	sed of	or B	onofi	ciall	· · ·	med		,		
		16									onvertib				y Ov	viieu				
1. Title of Derivative	2. Conversion or Exercise Price of Derivative		3A. Deem		4. Transaction		n of I		Expiratio	6. Date Exercisable and Expiration Date		7. Title and Amount of			8. Price of Derivative		9. Number o	Ownership	11. Nature of Indirect Beneficial Ownership	
Security (Instr. 3)		(Month/Day/Year)	if any (Month/Day/	av/Year)	Code ( 8)	Instr	. Derivative (I		(Month/D	(Month/Day/Year)			Securities Underlying			rity : 5)	Securities Beneficially	Form: Direct (D)		
,,			`	,,	, , ,		Acquired			Derivativ				otr 2		,	Owned Following	or Indirect	(Instr. 4)	
Security							(A) or Disposed of (D) (Instr. 3, 4			Security (Instr and 4)				รแ. ร			Reported	(I) (Instr. 4)		
														Transaction(s) (Instr. 4)			(s)			
						and 5)										(				
														ount						
													or Nun							
					Code			Date			Title	of								
				Code	ľ	(A)	(D)	⊏xercisa	nie   I	Date	I me	Sha	ues				1			

**Explanation of Responses:** 

/s/ Arthur S. Przybyl

05/27/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.