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	<b>BENEFICIAL</b>	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.						Issuer Name and Ticker or Trading Symbol     ANI PHARMACEUTICALS INC [ ANIP ]      3. Date of Earliest Transaction (Month/Day/Year)     10/23/2013									ationship of Reportin k all applicable) Director Officer (give title below) Chief Final		g Person(s) to Issuer  10% Owner  Other (specify below)  ncial Officer	
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST					А													
(Street)  BAUDET  (City)			56623 (Zip)		_ 4. If	f Amen	Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tab	le I - 1	Non-Deriv	vative	Sec	uritie	s Ad	cquire	ed, Di	isposed o	f, or E	Benefic	ially (	Owne	ed		
Date (Month/Da			2. Transacti Date (Month/Day	.	Execution Date, if any (Month/Day/Year)		,			Acquired (A) or (D) (Instr. 3, 4 an		d 5) Se Be		ount of rities ficially d Following rted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(111501.4)	
			10/23/2	013						3,675	A	(1)	) 2		22,163	D		
Common Stock, par value \$0.0001 10/23/2			013	13		<b>F</b> <sup>(2)</sup>		1,364	D	\$10.09	)38 <sup>(2)</sup>	2	20,799	D				
		Ta	able II								oosed of, convertib				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe (Month/Day/Year) if a	Execu if any	Deemed ution Date, y hth/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		ate	Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst	vative urity	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)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

## **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 rabbi trust on the date indicated.
- 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 \$9.94 to \$10.21 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

10/25/2013

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.