Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
---------------	------------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-028 Estimated average burden								
	hours per response	. 0.5							

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4)		ivative urities juired or posed D)	Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5) tr. 8. Price of Derivative Security (Instr. 5) Own Folic Repr Tran (Inst		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)				
		7								sed of, o				d		
Common Stock 02/14/2				2024			A ⁽²⁾		12,526	A	\$0	94	4,923	D		
Common	Stock			02/14/2	2024			A ⁽¹⁾		18,790	A	\$(\$0 82,397 D			
								Code	v	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)		(он. 4)
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed (Code (Instr. 5)		ties Acquired (A l Of (D) (Instr. 3,				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Tab	le I - No	n-Deriva	tive S	ecurities	s Acqı	uired,	Disp	osed of	, or Be	nefici	ally Own	ed		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
(City)	(\$	State)	(Zip)		Rule	10b5-	-1(c)	Trans	sact	ion Indi	cation					
(Street) BAUDETTE MN 56623													Form filed by More than One Reporting Person			
(011)												Lir	- /	filed by One	e Reporting Pe	rson
C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024								belov HE	,	DEIOW ARE DISEAS	′
IVIULE C	<u>mistopi</u>				3. Date	e of Earlies	st Transa	action (N	/onth/	Dav/Year)		_		er (give title		(specify
Name and Address of Reporting Person* Mutz Christopher				2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
1 Name or	nd Addross	of Donorting Porce	n*		2. Issu	er Name a	and Ticke	er or Tra	idina 9	Symbol		5.	Relationshir	of Reportin	na Person(s) to	Issuer

Explanation of Responses:

1. Represents a restricted stock award that will vest in four equal annual installments on the first, second, third and fourth anniversaries of February 14, 2024.

Code

2. These shares represent performance stock units, which will vest over the applicable performance period based on the achievement of the provided performance targets, as set forth in the governing award agreement, subject to the reporting person's continued service as of the applicable vesting date and that will be settled into common stock upon vesting.

(D)

(A)

Date Exercisable

Remarks:

/s/ Christopher Mutz, by attorney-in-fact Meredith W.

Amount Number

Shares

Title

02/16/2024

Cook

Expiration

Date

** 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.