FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvaoriirigtori,	D.O.	200-0

vvasi	mington, D.C. 20049	
ANNUAL STATEMENT	OF CHANGES IN BENEF	ICIAL

OMB APF	PROVAL
OMB Number:	3235-0362
Estimated average	burden
hours per respons	e· 10

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\Box	Form 3 Holdings Reported.

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

OWNERSHIP

X Form 4	1 Transactions	Reported.	T IICC	or Section 3								1004					
Name and Address of Reporting Person* Thoma Jeanne			2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
		CEUTICALS,	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021				ar)	Officer (give title Other (spr below) below)							
210 MA	IN STREET	WEST		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BAUDETTE MN 56623					X Form filed by One Reporting Form filed by More than On Person												
(City)	(St	ate) (2	Zip)														
		Table	I - Non-Deriva	ative Secu	ritie	s Acc	quire	ed, Dis	posed	of, c	or Be	enefici	ally Own	ed			
Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Disposed	5. Amou Securiti Benefic Owned	ies Owr		ership : Direct	7. Nature of Indirect Beneficial Ownership			
						Amount ((A) or (D)	Pric	ce	Issuer's			ct (I)	(Instr. 4)		
Common	Stock		03/16/2021		P4			1,500		A	\$	\$33.22	19,285		D		
		Ta	ble II - Derivat (e.g., pı	ive Securi uts, calls, v										d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deri Secu Acqu (A) o Disp of (D	of Expir		Oate Exercisable and piration Date onth/Day/Year)		Si Ui Di Si	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	10. Owners Form: Direct (I or Indire (I) (Instr.	Beneficia Ownershi ct (Instr. 4)
					(A)	(D)	Date Exer	e rcisable	Expiration Date		0 N 0	lumber					

Explanation of Responses:

/s/ Jeanne A. Thoma

01/28/2022

** 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.