Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

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)								
Shanmugam Muthusamy						[Title]								Direc	tor	10%	Owner			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023								X	below	,	belo	·			
C/O ANI PHARMACEUTICALS, INC.						10/13/2023							HEAD OF R&D, COO-NOVITIUM OPS							
210 MAII	N STREET	WEST		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														X Form filed by One Reporting Person						
BAUDET	TTE MI	N 5	56623											Form Perso		re than One F	Reporting			
(City)	(Sta	ate) (2	Zip)		Ru	le 10)b5-1(c) Tra	Transaction Indication											
					X					nsaction was n					ruction or writ	ten plan that is	intended to			
		Table	: I - No	n-Deriva	tive S	Secui	rities Ac	quire	d, Dis	sposed of	, or B	enefici	ially	Own	ed					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common S	Stock													4'	7,407	D				
Common S	Stock			10/13/20				S ⁽¹⁾		11,937	D	\$57.5	1,07		70,683	I	Held by Esjay LLC ⁽³⁾			
Common S	Stock			10/16/20)23			S ⁽¹⁾		13,063	D	\$58.3	31 ⁽⁴⁾ 1,05		57,620	I	Held by Esjay LLC ⁽³⁾			
Common S	Common Stock													5,000		Held by SS Pharma LLC ⁽⁵⁾				
		Ta	ble II -							osed of,				wne	d					
			1			alls, v				convertib			_							
Derivative Security (Instr. 3)	vative Conversion Date urity or Exercise (Month/Day/Year) if any Conversion Date			Transaction of Code (Instr. De		Expir (Mont	e Exer ation D h/Day/		7. Title Amour Securi Underl Deriva Securi 3 and	nt of ties lying tive ty (Instr.	Deri Sec	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ect (Instr. 4)					
Evalenation					Code	v	(A) (D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares								

- $1.\ The\ sales\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ March\ 21,\ 2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions in prices ranging from \$57.36 to \$58.00, inclusive.
- 3. The reporting person holds voting and dispositive power over the shares held by Esjay LLC.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions in prices ranging from \$57.75 to \$58.88, inclusive.
- 5. The Reporting Person holds voting and dispositive power over the shares held by SS Pharma LLC.

Remarks:

/s/ Muthusamy Shanmugam, by attorney-in-fact Meredith

10/17/2023

** 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.