Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

ANI PHARM Form 4 April 04, 2017	ACEUTICALS I	NC										
FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	4 UNITED S box state s	ENT OF uant to S) of the P	Was	hington GES IN SECUI 5(a) of th ility Hol	n, E B RI he Idii	D.C. 205 ENEFI FIES Securiti ng Com	549 CIAI es Ex pany	L OW schang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> Marken James G.			2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (M ARMACEUTICA AIN STREET W	ALS,	3. Date of (Month/Da 03/31/20	ay/Year)	`ran	nsaction			Director X Officer (give below) SVP (
				led(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (2	Zip)	Table	I - Non-l	Dei	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transact Code (Instr. 8)	tior)	4. Securi Acquired Disposed (Instr. 3, Amount	l (A) o l of (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock ⁽¹⁾	03/31/2017			A		3,625	(D) A	\$ 0	51,827	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 49.51	03/31/2017	03/31/2017	А	7,250	03/31/2017	03/30/2027	Common Stock	7,250	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Marken James G. C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623			SVP Ops & Prod Dev				
Signatures							

/s/ James G. 04/04/2017 Marken

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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).

(1) The restricted stock and the stock options vests in equal annual installments on the first, second, third and fourth anniversaries of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.