Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

ANI PHARMACI Form 4 April 04, 2014 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	UNITED STATEM Filed put	STATES MENT OI rsuant to S (a) of the I	Wa F CHAN Section T Public U	NGES IN SECUF 16(a) of th Jtility Hol	, D.C. 20 BENEF RITIES the Securit ding Cor	549 ICIAL OV	COMMISSIO WNERSHIP OF nge Act of 1934, of 1935 or Secti 940	N OMB Number: Expires: Estimated burden hou response	urs per	
(Print or Type Respon	nses)									
1. Name and Address Penn Thomas A.	2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(3. Date of Earliest Transaction(Month/Day/Year)04/01/2014			X_ Director 10% Owner Officer (give title Other (specify below) below)			
				4. If Amendment, Date Original Filed(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			
BAUDETTE, MI	N 56623						Person	whole than one R	eporting	
(City) (S	State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date th/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on	a separate line	e for each cl	ass of sec	urities benef	ficially own	ned directly o	or indirectly.			
					inforn requir	nation cont ed to respo lys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owner securities)	đ		

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	De

1

Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

Security (Instr. 3)	5		any (Month/Day/Year)	Code (Instr. 8)	Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Se (In
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase	\$ 33	04/01/2014		А	2,500		<u>(1)</u>	03/31/2024	Common Stock	2,500	

r

Reporting Owners

Reporting Owner	Relationships						
	Director	10% Owner	Officer	Other			
Penn Thomas A. C/O ANI PHARMAO 210 MAIN STREET BAUDETTE, MN 56	Х						
Signatures							
/s/ Thomas A. Penn	04/04/2014						
**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) 833 options vest on April 1, 2015, 833 options vest on April 1, 2016, and 834 options vest on April 1, 2017.

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.