Edgar Filing: ANI PHARMACEUTICALS INC - Form 4/A

ANI PHARM Form 4/A August 30, 20	IACEUTICAL 013	S INC									
FORM	4									PPROVAL	
	UNITEL	Washington, D.C. 20549							NOMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	er STATE 6. Filed pu ¹⁸ Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sect						Estimated average burden hours per response 0.5			
1(b).						-					
(Print or Type R	(esponses)										
Arnold Charlotte C. Symbol				or Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[ANIP]					(
				of Earliest Transaction Day/Year) 2013				Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer			
				endment, Date Original nth/Day/Year) 2013				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	2, 1011 (50025							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Ac	quired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l 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)		
Common Stock (1)	06/19/2013			A	0	A	<u>(1)</u>	0 <u>(1)</u>	I	See Footnotes	

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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying rities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Arnold Charlotte C. 210 MAIN STREET WEST C/O ANI PHARMACEUTICALS, INC. BAUDETTE, MN 56623			Chief Financial Officer				
Signatures							
/s/ Paul A. Gajer, as attorney in fact	08/30/20	13					
**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).

The Reporting Person is amending this Form 4 to report that no acquisition, direct or indirect, of common stock of ANI PHARMACEUTICALS, INC. (the "Issuer") occurred as a result of the establishment of a rabbi trust pursuant to aGrantor Trust, dated June 18, 2013. The Reporting Person has no pecuniary interest in the Issuer's common stock held by the rabbi trust and does not have any

(1) voting or dispositive power with respect to such shares. The Reporting Person will report the acquisition of common stock of the Issuer when such acquisitions occur as a result of distributions to her by the rabbi trust. Beginning on August 28, 2013, shares are to be released ratably on a weekly basis to a broker/dealer, who will sell on behalf of the reporting person a portion of the shares under a 10b5-1 trading plan entered into by the Reporting Person to cover tax withholding obligations, and release the remaining shares to the Reporting Person.

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.