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Schrepfer R Form 4													
March 14, 2019 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL OMB Nurshan 3235-028					
Chaols t	ais how	Washington, D.C. 20549											
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Section 16. Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 of 30(h) of the Investment Company Act of 1940							Act of 1934, 1935 or Section	Estimated average burden hours per response 0.5					
1(b). (Print or Type	Responses)												
1. Name and A Schrepfer F	2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Month				te of Earliest Transaction th/Day/Year) 2/2019					Director 10% Owner X Officer (give title Other (specify below) below) SVP - New Bus Dev & Spec Sales				
				endment, Date Original onth/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)	(Zip)	Tah	le I - No	n-l	Derivative	Secu		ired, Disposed of,	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed h/Day/Year) Execution Date, any (Month/Day/Yea			3. 4. Securities Acquired (A) e, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/12/2019			М		5,642	А	\$ 28.76	53,484	D			
Common Stock	03/12/2019			S		5,642	D	\$ 64.4414	47,842	D			
Common Stock	03/12/2019			М		1,503	A	\$ 33	49,345	D			
Common Stock	03/12/2019			S		1,503	D	\$ 64.5	47,842	D			
Common	02/12/2010			М		1 65 1	٨	\$ 22	52 402	D			

Μ

4,651 A \$33

52,493

D

03/13/2019

Stock

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Common Stock 03/13/2019

9

4,651 D $\frac{$}{64.4261}$ 47,842

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

S

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.

D

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. Transacti Code (Instr. 8)	5. Number ctionof Derivative Securities 3) 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. De Se (In
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase	\$ 28.76	03/12/2019		М		5,642	<u>(1)</u>	08/19/2024	Common Stock	\$ 5,642	
Option to Purchase	\$ 33	03/12/2019		М		1,503	(2)	03/31/2024	Common Stock	1,503	
Option to Purchase	\$ 33	03/13/2019		М		4,651	(2)	03/31/2024	Common Stock	4,651	

Reporting Owners

Reporting Owner NaddressDirector10% OwnerOfficerOtherSchrepfer Robert W
C/O ANI PHARMACEUTICALS, INC.
210 MAIN STREET WESTSeven SubscreaseSvP - New Bus Dev & Spec SalesSaddDETTE, MN 56623SvP - New Bus Dev & Spec SalesSvP - New Bus Dev & Spec SalesSignaturesSignaturesSvP - New Bus Dev & Spec Sales/s/ Robert
Schrepfer03/14/2019SvP - New Bus Dev & Spec Sales

<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) Option vests and are exercisable over a four year period beginning on the first anniversary of the August 20, 2014.
- (2) Option vests and are exercisable over a four year period beginning on the first anniversary of the April 1, 2014.

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.