Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

| ANI PHARMACEUTIC. Form 4 April 11, 2016 | ALS INC | | | | | | | | |
|---|--|-------------------------------|---|--|------------------------------|---|---|--|-----------|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed | TEMENT O I pursuant to S 1 17(a) of the 1 | Wash F CHANC Section 16 | hington, l GES IN F SECURI (a) of the lity Hold | D.C. 205 BENEFI ITIES Securiti ing 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 Responses) | | | | | | | | | |
| 1. Name and Address of Repo Arnold Charlotte C. | 2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/Da C/O ANI PHARMACEUTICALS, 04/07/20 NC., 210 MAIN STREET WEST | | | | | | | Director 10% Owner Officer (give title below) Other (specify below) Vice President and CFO | | |
| | | | 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) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned |
| | n Date 2A. Dee Year) Executio any (Month/ | | 3. Transactio 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) 04/07/2010 | 5 | | А | 4,200 | А | \$0 | 54,298 | 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 op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exer Expiration D (Month/Day/ | ate | 7. Title and A Underlying S (Instr. 3 and | Securities | 8. De Se (In |
|---|---|---|---|--|---|---|--------------------|---|--|-----------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option to Purchase | \$ 40.59 (2) | 04/07/2016 | | А | 8,000 | (3) | 04/06/2026 | Common Stock | 8,000 | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Arnold Charlotte C. C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623 | | | Vice President and CFO | | | | |
| Signatures | | | | | | | |
| /s/ Charlotte C | | | | | | | |

| /s/ Charlotte C. Arnold | 04/11/2016 | | |
|--|------------|--|--|
| <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) On April 7, 2016, the Board of Directors of the Issuer approved the grant of restricted stock, which vest in equal annual installments on the first, second, third and fourth anniversaries of the grant date.
- (2) The closing price of the Issuer's common stock on The NASDAQ Global Market on the grant date.
- (3) The options vest in an equal annual amount over a four-year period beginning on the first anniversary 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.