## Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

ANI PHARMACEUTICALS INC Form 4 April 11, 2016							
FORM 4 UNITED STAT	ES SECURITIES AND EXCHANGE ( Washington, D.C. 20549	OMB APPROVAL COMMISSION OMB Number: 3235-0287					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires: Estimated av burden hour responseFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires: Estimated av 							
(Print or Type Responses)							
1. Name and Address of Reporting Person PRZYBYL ARTHUR	2. Issuer Name <b>and</b> Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC., 210 MAIN STREET WEST	3. Date of Earliest Transaction (Month/Day/Year) 04/07/2016	X Director 10% Owner X Officer (give title Other (specify below) President and CEO					
(Street)	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
BAUDETTE, MN 56623 (City) (State) (Zip)		Person					
		uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. I Exec any (Month/Day/Year)(Instr. 3)(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	SecuritiesForm: DirectIndirectBeneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)Instr. 4)					
Common Stock (1) 04/07/2016	CodeVAmount(D)PriceA18,750A\$ 0	(Instr. 3 and 4) 179,071 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 of Derivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and 5	Securities I
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase	\$ 40.59 (2)	04/07/2016		А	37,500	(3)	04/06/2026	Common Stock	37,500

## Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
PRZYBYL ARTHUR C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623	Х		President and CEO		
Signatures					
/s/ Jane A. Meyer, as attorney in fact	04/11/20	16			

<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.