#### ANI PHARMACEUTICALS INC

Form 4/A

February 14, 2014

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### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

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 Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Marken James G.

(Last) (First) (Middle)

C/O ANI PHARMACEUTICALS. INC., 210 MAIN STREET WEST

BAUDETTE, MN 56623

(City)

1. Title of

Security

(Instr. 3)

(State)

(Street)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

2. Issuer Name and Ticker or Trading

Symbol

ANI PHARMACEUTICALS INC [ANIP] 3. Date of Earliest Transaction

(Month/Day/Year) 07/12/2013

4. If Amendment, Date Original

Filed(Month/Day/Year) 07/16/2013

> Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

Issuer

below)

Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Following

X\_ Officer (give title

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

Persons who respond to the collection of SEC 1474 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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionNumber Derivative Conversion

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8. Price of Underlying Securities Derivative

1

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Vice President, Operations

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting

6. Ownership

Form: Direct

(Instr. 4)

\_X\_ Form filed by One Reporting Person

0.5

10% Owner Other (specify

7. Nature of

Ownership

(Instr. 4)

(9-02)

Indirect

(D) or Indirect Beneficial

#### Edgar Filing: ANI PHARMACEUTICALS INC - Form 4/A

Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Year)	(Instr. 3 and	4)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase	<u>(1)</u>				<u>(1)</u>	(1)	Common Stock	0 (1)

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Marken James G. C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623

Vice President, Operations

Security (Instr. 5)

### **Signatures**

/s/ Paul A. Gajer, as attorney in fact 02/14/2014

\*\*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).

On July 16, 2013, the reporting person filed a Form 4 in error that reported the grant of an option to purchase 177,500 shares of common stock conditioned upon shareholder approval of an amendment to the Issuer's 2008 Stock Incentive Plan to increase the number of shares authorized for issuance under the Plan. This amendment is being filed to correct the report of the conditional grant made on July 12, 2013. The grant will be reported following such shareholder approval, if obtained.

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.

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