## Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

ANI PHAR Form 4	MACEUTICALS	INC	5								
May 12, 202											
FORM	Washington, D.C. 20549							OMMISSION	OMB AF OMB Number:	9PROVAL 3235-0287	
Check tl if no lon subject t Section Form 4 d	nger <b>STATEN</b> 16.	STATEMENT OF CHAN					GES IN BENEFICIAL OWNERSHIP OF SECURITIES				
Form 5 obligatio may con <i>See</i> Instr 1(b).	ntinue. Section 17(	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									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u></u> MARSHBANKS TRACY			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
			ANI PHARMACEUTICALS INC [ANIP]					(Check all applicable)			
(Month/			(Month/I	Date of Earliest Transaction    X_ Director       Month/Day/Year)    Officer (give below)       5/08/2014    Officer (give below)						Owner r (specify	
				onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO	, IL 60606							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/08/2014			S	1,381	D	\$ 30.018	21,634	I	See Footnote 1	
Reminder: Re	port on a separate line	for each c	lass of secu	urities benef	-		-	ndirectly.			

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities 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)		Derivative	9. Nu Deriv Secu Bene Own 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						
1 8	Director	10% Owner	Officer	Other			
MARSHBANKS TRACY 1 SOUTH WACKER DRIVE SUITE 3900 CHICAGO, IL 60606	Х						
Signatures							
Tracy L. Marshbanks 05/	12/2014						

\*\*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).
- 2: Held by: FA Private Equity Fund IV GmbH & Co. Beteiligungs KG, of which the Reporting Person may be deemed to be a beneficial (1) owner pursuant to rule 16a-1(a)(1).

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.