Edgar Filing: ANI PHARMACEUTICALS INC - Form 4

| ANI PHARM Form 4 April 11, 2017 | ACEUTICALS IN | С | | | | | | | | | |
|--|---|--------------------------|--|--|---|-------------|---|--|--|--|--|
| FORM | Л | | | | | | | OMB AF | PROVAL | | |
| | - UNITED ST | ATES SECUR Was | ITIES Al hington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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 | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| may contin <i>See</i> Instruct 1(b). | nue. | 30(h) of the Inv | • | • | · · | | | ſ | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Ac PRZYBYL A | r Name and Ticker or Trading HARMACEUTICALS INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | (First) (Midd ARMACEUTICAL AIN STREET WES | (Month/D LS, 04/07/20 | - | ansaction | | | X Director X Officer (give below) Presid | | Owner r (specify | | |
| (Street) 4. If Amendment, Day/Yea | | | | ay/Year) Applicable Line) _X_ Form filed by C | | | | | int/Group Filing(Check Dne Reporting Person | | |
| BAUDETTE | , MN 56623 | | | | | | Form filed by Me Person | ore than One Re | porting | | |
| (City) | (State) (Zip |) Table | e I - Non-De | erivative | Securi | ities Acqu | uired, Disposed of, | or Beneficial | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2/ (Month/Day/Year) E: ar (N | xecution Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | sposed | d of (D) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 04/07/2017 | | F <u>(1)</u> | 1,451 | D | \$ 51.24 | 212,985 | 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. Transact Code (Instr. 8) | 5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying tities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | | | | |
|--|----------|---------------|---------|-------------------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PRZYBYL ARTHUR C/O ANI PHARMACEUTICAI 210 MAIN STREET WEST BAUDETTE, MN 56623 | LS, INC. | Х | | President and CEO | | | | |
| Signatures | | | | | | | | |
| /s/ Arthur 04/ Przybyl 04/ | /11/2017 | | | | | | | |

**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).
- In accordance with Rule 16b-3, represents shares withheld by the Issuer to satisfy tax withholding obligation upon vesting of a previously (1) reported restricted stock award.

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.