ANI PHARMACEUTICALS INC

Form 4/A

February 14, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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 * PRZYBYL ARTHUR

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

ANI PHARMACEUTICALS INC [ANIP]

(Check all applicable)

President and CEO

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

(Last) (First) (Middle)

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

_X__ Director 10% Owner X_ Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

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

(Street)

(State)

4. If Amendment, Date Original

3. Date of Earliest Transaction

Applicable Line)

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

X Form filed by One Reporting Person Form filed by More than One Reporting

BAUDETTE, MN 56623

(City)

(Instr. 3)

1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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 (9-02)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 7. Title and Amount of 8. Price of 1. Title of 6. Date Exercisable and (Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** Underlying Securities Derivative Derivative Conversion

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Security (Instr. 5)

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)	9 (
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase	<u>(1)</u>				<u>(1)</u>	<u>(1)</u>	Common Stock	0 (1)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
.	Director	10% Owner	Officer	Other		
PRZYBYL ARTHUR						
C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST	X		President and CEO			

Signatures

BAUDETTE, MN 56623

/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 575,000 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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