Edgar Filing: CAREY STEPHEN P. - Form 4

CAREY STE	EPHEN P.												
Form 4													
April 01, 201	19												
FORM	14										PPROVAL		
		D STATES						IGE (COMMISSION	OND	3235-0287		
Check the	is hov		Was	hington	I , I	D.C. 205	49			Number:			
if no long	rer.			~ ~ ~ ~ ~	_		~			Expires:	January 31, 2005		
subject to	SIAIH	EMENT O	F CHAN		GES IN BENEFICIAL OWNERSHIP OF					Estimated a			
Section 1				SECUI	SECURITIES					burden hours per			
Form 4 o Form 5			G 1.			a	Б		response	0.5			
obligation									e Act of 1934,				
may cont	inue. Section 1								f 1935 or Sectio	n			
See Instru	uction	30(n)) of the Inv	vestmen	t C	Company	Act	OI 194	ŧŪ				
1(b).													
(Print or Type F	Responses)												
× 51	1 /												
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading						g	5. Relationship of Reporting Person(s) to						
CAREY ST	EPHEN P.		Symbol	-					Issuer				
			ANI PH	ARMA	CE	UTICA	LS IN	NC					
			[ANIP]						(Chec	k all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest T	rar	nsaction			Director	10%	owner		
			(Month/D	ay/Year)					X Officer (give		er (specify		
C/O ANI PH	IARMACEUT	TICALS,	03/28/20	-					below) Vice P	below) resident and CI	-O		
INC., 210 M	IAIN STREET	WEST							vice i		.0		
	(Street)		4. If Ame	ndment, D	ate	original			6. Individual or Jo	oint/Group Filir	1g(Check		
			Ionth/Day/Year)					Applicable Line)					
									X Form filed by				
BAUDETTI	E, MN 56623								Form filed by N Person	More than One Re	eporting		
(City)	(State)	(Zip)	Tabl	a I - Non-J	م	rivativa S	ocurit	ies Acc	uired, Disposed o	f or Bonoficial	ly Owned		
1 70.1 6								-			-		
1.Title of Security	2. Transaction D (Month/Day/Yea		on Date, if	3. Transact					5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wional Day) 10	on Date, if Transaction(A) or Disposed of Code (D)					. 01	Beneficially	(D) or	Beneficial			
× ,		any (Month/Day/Yea				(Instr. 3, 4	and 5	5)	Owned	Indirect (I) Own	Ownership		
									Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
							or		(Instr. 3 and 4)				
C				Code V	V	Amount	(D)	Price	(
Common Stock (1)	03/28/2019			А		12,451	А	\$0	26,569	D			
Stock													

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)

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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. Transactic Code (Instr. 8)			erivative Expiration Date ecurities (Month/Day/Year) cquired (A) Disposed of D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S ()
				Code V	(A) (I	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 66.39	03/28/2019		А	15,064		<u>(1)</u>	03/27/2029	Common Stock	15,064	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CAREY STEPHEN P. C/O ANI PHARMACEUTICALS, INC. 210 MAIN STREET WEST BAUDETTE, MN 56623			Vice President and CFO				
Signatures							

iynatui

/s/ Stephen P. 04/01/2019 Carey

**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).
- The restricted stock and stock options vest in four equal annual installments on the first, second, third and fourth anniversary of March 28, (1) 2019.

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.