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Form 4	DANIEL									
March 19, 20)18									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							COMMISSION	OMB AF OMB Number:	APPROVAL 3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligation may cont See Instru 1(b).	6. r Filed put inue.		SECUR on 16(a) of th	RITIES te Securit ding Cor	ties E	Exchange y Act of	e Act of 1934, 1935 or Section	Expires: Estimated a burden hou response	•	
(Print or Type I	Responses)									
			2. Issuer Name and Ticker or Trading Symbol ANI PHARMACEUTICALS INC [ANIP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O ANI PHARMACEUTICALS, INC., 210 MAIN STREET WEST			3. Date of Earliest Transaction(Month/Day/Year)03/15/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			Amendment, Day/Yea	-	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Fable I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Code ear) (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities6. Owners Form: Dir Dir Dir OwnedBeneficially Owned(D) or Indirect (I Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/15/2018		S	1,902	D	Price \$ 61.5 (1)	294,316	I	See Footnote (2)	
Common Stock	03/19/2018		S	5,313	D	\$ 60.62 (3)	289,003	I	See Footnote	

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
RAYNOR DANIEL C/O ANI PHARMACEUTICA 210 MAIN STREET WEST BAUDETTE, MN 56623	LS, INC.	Х						
Signatures								
/s/ Daniel 03 Raynor 03	/19/2018							

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- This transaction was executed in multiple trades at prices ranging from \$61.00 to \$62.10. The price reported above reflects the weighted (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- (2) Held by Argentum Capital Partners II. L.P., which the Reporting Person may be deemed to be a beneficial owner pursuant to rule 16a-1(a)(1).

This transaction was executed in multiple trades at prices ranging from \$60.50 to \$60.93. The price reported above reflects the weighted(3) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.