

# **ANI PHARMACEUTICALS INC**

**Reported by**  
**COOK MEREDITH**

## **FORM 4**

(Statement of Changes in Beneficial Ownership)

Filed 10/15/24 for the Period Ending 10/14/24

Address      210 MAIN STREET WEST  
                  BAUDETTE, MN, 56623

Telephone     2186343500

                  CIK 0001023024

Symbol        ANIP

SIC Code      2834 - Pharmaceutical Preparations

Industry      Pharmaceuticals

Sector        Healthcare

Fiscal Year    12/31

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See Instruction 1(b).*

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). *See Instruction 10.*

OMB APPROVAL  
OMB Number: 3235-0287  
Estimated average burden hours per response... 0.5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup>  <b>Cook Meredith</b>  (Last) (First) (Middle)  <b>C/O ANI PHARMACEUTICALS, INC., 210 MAIN STREET WEST</b>  (Street)  <b>BAUDETTE, MN 56623</b>  (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol  <b>ANI PHARMACEUTICALS INC [ ANIP ]</b>					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> X Officer (give title below) Other (specify below) <b>SR. VP, GENERAL COUNSEL &amp; SEC.</b>				
			3. Date of Earliest Transaction (MM/DD/YYYY)  <b>10/14/2024</b>									
			4. If Amendment, Date Original Filed (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price					
Common Stock	10/14/2024		S <sup>(1)</sup>		250	D	\$57.19				56,488	D

**Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Date Exercisable	Expiration Date				

#### Explanation of Responses:

(1) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 11, 2023.

#### Reporting Owners

Reporting Owner Name / Address				Relationships							
Director	10% Owner	Officer	Other								
<b>Cook Meredith</b> <b>C/O ANI PHARMACEUTICALS, INC.</b> <b>210 MAIN STREET WEST</b> <b>BAUDETTE, MN 56623</b>				<b>SR. VP, GENERAL COUNSEL &amp; SEC.</b>							

#### Signatures

/s/ **Meredith W. Cook**

**10/15/2024**

\*\*Signature of Reporting Person

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.