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ELITE PHARMACEUTICALS INC /NV/

Form 4

November 18, 2015

FORM 4		OMB AP	PROVAL
1 OI tivi 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB Number:	3235-0287
Check this box	vv asnington, D.C. 20349		January 31,
if no longer		Expires:	2005
subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Estimated av	verage
Section 16.	SECURITIES	burden hours	s per
Form 4 or		response	0.5
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,		
obligations	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section		
may continue.	30(h) of the Investment Company Act of 1940		
See Instruction	30(ii) of the investment company feet of 17 to		
1(b).			
(Print or Type Perper	ocas)		

(Time of Type Responses)		
1. Name and Address of Reporting Person * TREPPEL JERRY	2. Issuer Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer

Symbol ELITE PHARMACEUTICALS INC /NV/ [ELTP]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction _X_ Director 10% Owner _X__ Officer (give title _ _ Other (specify (Month/Day/Year) below) Chairman of Board

C/O ELITE PHARMACEUTICALS, 11/13/2015 INC., 165 LUDLOW AVE.

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

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

NORTHVALE, NJ 07647

(City)	(State)	(Zip) Tabl	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	tion Date 2A. Deemed		3. 4. Securities Acquired (A) Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			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)
Common Stock	11/13/2015		G	7,500	(D)	\$ 0.31	9,346,769	D	
Common Stock	11/13/2015		S	50,000	D	\$ 0.3	9,296,769	D	
Common Stock	11/16/2015		S	50,000	D	\$ 0.3025	9,246,769	D	
Common Stock	11/17/2015		S	25,000	D	\$ 0.3001	9,221,769	D	
Common Stock	11/18/2015		S	25,000	D	\$ 0.305	9,196,769	D	

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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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	Titic	of		
				Code V	(A) (D)				Shares		
				Code V	(II)				Dilaics		

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips					
	Dimanton	100/ Oxyman	Officer	Otho		

Director 10% Owner Officer Other

TREPPEL JERRY C/O ELITE PHARMACEUTICALS, INC. 165 LUDLOW AVE. NORTHVALE, NJ 07647

X Chairman of Board

Signatures

Jerry Treppel 11/18/2015

**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).

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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