#### Edgar Filing: ELITE PHARMACEUTICALS INC /NV/ - Form 4

#### ELITE PHARMACEUTICALS INC /NV/

Form 4 April 26, 2012

### FORM 4

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

OMB Number: 3235-0287

Expires:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, 2005

Section 16. Form 4 or Form 5 SECURITIES SECURITIES

Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

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 * EPIC PHARMA LLC			ssuer Name <b>and</b> Ticker or Trading ool FE PHARMACEUTICALS INO / [ELTP]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 227-15 NO	(First)  ORTH CONDUIT	(Mon	te of Earliest Transaction th/Day/Year) 8/2012	Director X 10% Owned to the Company Officer (give title below) Other (special below)			
I ALIDEL'	(Street)	Filed	Amendment, Date Original (Month/Day/Year)	6. Individual or Joint/Group Filing(Che Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
LAURELTON, NY 11413-3134 (City) (State) (Zip)				Person			
(City)	(State)	(Zip)	Fable I - Non-Derivative Securities A	equired, Disposed of, or Beneficially Ow	ned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, in any (Month/Day/Year	Code (Instr. 3, 4 and 5)	Securities Ownership of Beneficially Form: Be Owned Direct (D) Ov	Nature Indirect eneficial wnership astr. 4)		
			or Code V Amount (D)	Price (Instr. 3 and 4)			
			(= )				

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)

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. Transacti Code (Instr. 8)	5. Number of orDerivative Se Acquired (A) Disposed of ( (Instr. 3, 4, an	curities or D)	6. Date Exercise Expiration Date (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Se
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	1
Warrant	\$ 0.0625	04/20/2012		<u>J(3)</u>		0.0625	06/03/2009	06/03/2016	Common Stock	
Warrant	\$ 0.0625	04/25/2012		<u>J(4)</u>	4,000,000		04/25/2012	04/25/2018	Common Stock	

# **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
EPIC PHARMA LLC						
227-15 NORTH CONDUIT AVE		X				
LAURELTON, NY 11413-3134						

# **Signatures**

Ram Potti 04/26/2012

\*\*Signature of 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 reporting person, Epic Pharma, LLC ("EP"), is an equity owner of Epic Investments, LLC ("EI"), which owns securities convertible

- into or exercisable for in excess of 10% of the outstanding shares of common stock of the issuer. EP and EI are both owned, wholly or in part, and are operated by Ram Potti, Ashok G. Nigalaye and Jeenarine Narine, each of whom is a director of the issuer. The interest of EP in the securities of the issuer owned by EI is limited, and EP disclaims beneficial ownership of such securities except, to the extent of its pecuniary interest in EI.
- (2) Distribution of shares to its members
- (3) Distribution of warrants to its members
- (4) Milestone payment pursuant to the strategic alliance agreement

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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