

ANIKA THERAPEUTICS INC
Form 4/A
August 08, 2013

FORM 4

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

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Fidia Farmaceutici S.p.A.

2. Issuer Name and Ticker or Trading Symbol
ANIKA THERAPEUTICS INC
[ANIK]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)
08/06/2013

____ Director
____ Officer (give title below)
__X__ 10% Owner
____ Other (specify below)

VIA PONTE DELLA FABBRICA
3/A

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)
08/08/2013

6. Individual or Joint/Group Filing(Check Applicable Line)
____ Form filed by One Reporting Person
__X__ Form filed by More than One Reporting Person

ABANO TERME (PD), L6 CAP
35031

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount or Price (A) or (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock	08/06/2013		S	V	1,270,000 \$ 24.52	D ⁽¹⁾	
Common Stock						I ⁽¹⁾	See Footnote ⁽¹⁾

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. Transaction 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 (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 5)
				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
Fidia Farmaceutici S.p.A. VIA PONTE DELLA FABBRICA 3/A ABANO TERME (PD), L6 CAP 35031		X		
P&R S.p.A. VIA MILANO N. 186 GARBAGNATE MILANESE (MI), L6 CAP 20024		X		
Fiore Holding S.r.l. VIA PRINCIPE AMEDEO N. 3 MILANO (MI), L6 CAP 20121		X		

Signatures

/s/ Carlo Pizzocaro, as Authorized Person on behalf of Fidia Farmaceutici S.p.A, P&R S.p.A. and Fiore Holding S.r.l.

08/08/2013

__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).

(1) 711,192 shares of Common Stock, \$0.01 par value of the Issuer are beneficially owned directly by Fidia Farmaceutici S.p.A. ("Fidia") and may be deemed to be beneficially owned indirectly by (i) P&R S.p.A. ("P&R"), which controls and directly owns a majority of the outstanding equity of Fidia and (ii) Fiore Holding S.r.l. ("Fiore"), which controls and directly owns a majority of the outstanding equity of P&R. Each of P&R and Fiore disclaims beneficial ownership of such shares, except to the extent of any pecuniary interest therein.

Remarks:

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This amendment is being made solely to include P&R and Fiore as Reporting Persons.

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.