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

ELITE PHARMACEUTICALS INC /NV/

Form 4 May 13, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

Check this box

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading EPIC INVESTMENTS, LLC Issuer Symbol ELITE PHARMACEUTICALS INC (Check all applicable) /NV/ [ELTP] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 227-15 NORTH CONDUIT 05/09/2013 **AVENUE** (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

LAURELTON, NY 11413

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) Owned Direct (D) Ownership (Instr. 8) or Indirect Following (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V (D) Price Amount Common 05/09/2013 D 391,500 D 9,008,212 D Stock 0.0711

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title an | nd 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-------------------|--------------------------------------|-----------------|-------------|--------------|----------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionNumber | | Expiration D | ate | Amount o | of Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Underlyin | ng Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired | | Securities | (Instr. 5) | Bene | |
| | Derivative | | | | | | (Instr. 3 a | nd 4) | Owne | |
| | Security | | | | | | | | Follo | |
| | · | | | | (A) or | or | | | | Repo |
| | | | | | Disposed | | | | | Trans |
| | | | | | of (D) | | | | | (Instr |
| | (Instr. 3, | | | | | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | A | | |
| | | | | | | | | | nount | |
| | | | | | | Date Expiration | | or | , | |
| | | | | | | Exercisable | Date | Title Number | mber | |
| | | | | | | | | of | | |
| | | | | Code V | (A) (D) | | | Sha | ares | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

EPIC INVESTMENTS, LLC

227-15 NORTH CONDUIT AVENUE X
LAURELTON, NY 11413

Signatures

Ram Potti 05/09/2013

**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).

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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