ANIKA THERAPEUTICS INC

Form 4 July 15, 2013

FORM 4

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

OMB 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue.

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

Estimated average burden hours per response... 0.5

See Instruction 1(b).

Stock (1)

(Print or Type Responses)

1. Name and Address of Reporting Person * SHERWOOD CHARLES H			2. Issuer Name and Ticker or Trading Symbol ANIKA THERAPEUTICS INC				-5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(I ()	(F' A)		[ANIK]								
(Last)	(First) (1		3. Date of (Month/D		arliest Transaction /Year)			X Director 10% Owner Other (specify			
32 WIGGINS AVENUE			07/11/2013					below) below) President and CEO			
	(Street) 4. If			. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Fi				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
BEDFORD	, MA 02173							Form filed by N Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	Derivative S	Securi	ities Acqu	iired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A)	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock (2)	07/11/2013			M	14,306	D	\$ 9.22	373,086	D		
Common Stock (1)	07/12/2013			S	64,544	D	\$ 20.03	308,542	D		
Common	07/15/2013			S	10,456	D	\$ 20.63	298,086	D		

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

20.63

Edgar Filing: ANIKA THERAPEUTICS INC - Form 4

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. Transactic Code (Instr. 8)	5. Number of orDerivative 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)		3 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 9.22	07/11/2013		M	14,306	(2)	12/18/2013	Common Stock	14,306	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SHERWOOD CHARLES H							
32 WIGGINS AVENUE	X		President and CEO				
BEDFORD, MA 02173							

Signatures

/s/ Charles H. 07/15/2013 Sherwood

**Signature of Reporting 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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- (2) Exercise of stock options granted on December 18, 2003 and that vested in four equal installments annually beginning December 18, 2004.

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.

Reporting Owners 2