#### ANIKA THERAPEUTICS INC

Form 4/A May 26, 2005

### FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
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**OMB APPROVAL** 

Form 4 or Form 5 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

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response...

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SHERWOOD CHARLES H			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANIKA THERAPEUTICS INC [ANIK]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)  C/O ANIKA ' INC., 160 NE			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2005	_X_ Director 10% OwnerX_ Officer (give title Other (specify below)  President & CEO		
(Street) WOBURN, MA 01801			4. If Amendment, Date Original Filed(Month/Day/Year) 05/20/2005	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip)	

(City)	(State)	Table Table	e I - Non-D	erivative S	Securi	ties Acqu	ired, Disposed of	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Securities Acquir on(A) or Disposed of (Instr. 3, 4 and 5)  (A) or		of (D)	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)
C			Code V	Amount	(D)	Price	(mstr. 5 and 1)		
Common Stock	05/18/2005		M	1,400	A	\$ 1.75	1,400	D	
Common Stock	05/18/2005		S	1,400	D	\$ 15.75	0	D	
Common Stock	05/19/2005		M	24,600	A	\$ 1.75	24,600	D	
Common Stock	05/19/2005		S	3,500	D	\$ 15.67	21,100	D	
Common Stock	05/19/2005		S	3,000	D	\$ 15.54	18,100	D	

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Common Stock	05/19/2005	S	5,000	D	\$ 15.53 13,100	D
Common Stock	05/19/2005	S	13,100	D	\$ 15.5 0	D
Common Stock	05/20/2005	M	4,000	A	\$ 1.75 4,000	D
Common Stock	05/20/2005	S	4,000	D	\$ 15.25 0	D

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction	Number	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	C	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) I	Derivative			Secur	ities	(Instr. 5)	
	Derivative				5	Securities			(Instr.	3 and 4)		
	Security				A	Acquired						
					(	(A) or						
					I	Disposed						
					C	of (D)						
					(	Instr. 3,						
					4	4, and 5)						
										Amount		
							Date	Expiration	Title	or Number		
							Exercisable	Date	Title	of		
				Cada	<b>V</b> (	(A) (D)						
				Code	V (	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

SHERWOOD CHARLES H C/O ANIKA THERAPEUTICS, INC. X 160 NEW BOSTON STREET WOBURN, MA 01801

President & CEO

# **Signatures**

/s/Charles H. 05/26/2005 Sherwood

\*\*Signature of Reporting Date

Person

Reporting Owners 2

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## **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.