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ELITE PHARMACEUTICALS INC /DE/

Form 3 June 12, 2009

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

2005

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires:

Estimated average burden hours per

response...

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 *

(Last)

À EPIC PHARMA LLC

(First)

(Middle)

Statement

(Month/Day/Year)

06/03/2009

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ELITE PHARMACEUTICALS INC /DE/ [ELI]

_X__ 10% Owner

4. Relationship of Reporting Person(s) to Issuer

Director

Officer

5. If Amendment, Date Original

Filed(Month/Day/Year)

227-15 NORTH CONDUIT AVE

(Street)

(Check all applicable)

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Other Person (give title below) (specify below) Form filed by More than One

Reporting Person

LAURELTON, NYÂ 11413

(City) (State)

1. Title of Security

(Instr. 4)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4 Conversion or Exercise

Price of

5. Ownership Form of Derivative Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Expiration Date Exercisable Date

Amount or Title Number of

Shares

Security

Direct (D) or Indirect (I) (Instr. 5)

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Series E Convertible Common $06/03/2009 \hat{A} \stackrel{(4)}{=}$ $20,000,000 \quad $0.2 \frac{(2)}{}$ I (1) See Footnote (1) Preferred Stock Stock Common \$ 0.0625 **I** (1) 40,000,000 Warrants 06/03/2009 06/03/2016 See Footnote (1) Stock

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

EPIC PHARMA LLC 227-15 NORTH CONDUIT AVE Â Â X Â Â LAURELTON, NYÂ 11413

Signatures

/s/ Ram Potti, Vice President 06/05/2009

**Signature of Reporting Date
Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
 - Ram Potti ("Potti"), Ashok G. Nigalaye ("Nigalaye"), and Jeenarine Narine ("Narine") are executive officers and equity owners of Epic Pharma, LLC, a Delaware limited liability company ("EP") and Epic Investments, LLC, a Delaware limited liability company ("EI"). EP
- (1) is an equity owner of EI. EP, Potti, Nigalaye and Narine share voting and investment control over, and are indirect beneficial owners of, all securities owned by EI reported herein. The interest of EP in the securities of Elite Pharmaceuticals, Inc. ("Elite") owned by EI is limited, and EP disclaims beneficial ownership of such securities except, to the extent of its pecuniary interest in EI.
- (2) EI owns 1,000 shares of Elite's Series E Convertible Preferred Stock, each having a price of \$1,000 per share and convertible, at a conversion price of \$0.05 per share, into 20,000 shares of Elite's Common Stock.
- (3) EI owns warrants to purchase up to an aggregate of 40,000,000 shares of Elite's Common Stock excerisable at \$0.0625 per share.
- (4) Not Applicable.

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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