

CARACO PHARMACEUTICAL LABORATORIES LTD

Form 4

October 09, 2002

| OMB APPROVAL                                         |
|------------------------------------------------------|
| OMB Number: 3235-0287                                |
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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM 4**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**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**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                |                                                                                                                                                                  |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|-----------|---|----------------------------|---|--|---|-----------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------|---|----------------------------------------------|
| <b>1. Name and Address of Reporting Person*</b><br><br>Joliat, Jay F<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(Last) (First) (Middle)</i><br><br>36801 Woodward Avenue<br>Suite 301<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(Street)</i>                                                                                                                                                                                                                                                                                                                                                                              | <b>2. Issuer Name and Ticker or Trading Symbol</b><br><br>Caraco Pharmaceutical Laboratories<br>(CARA)<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | <b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| Birmingham, MI 48009 USA<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(City) (State) (Zip)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4. Statement for Month/Day/Year</b><br><br>10/8/2002<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                                                | <b>5. If Amendment, Date of Original (Month/Day/Year)</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                            |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| <b>6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 30px; text-align: center;">X</td> <td style="width: 150px;">Director</td> <td style="width: 30px; text-align: center;">X</td> <td style="width: 150px;">10% Owner</td> </tr> <tr> <td style="text-align: center;">O</td> <td>Officer (give title below)</td> <td style="text-align: center;">O</td> <td></td> </tr> <tr> <td style="text-align: center;">O</td> <td>Other (specify below)</td> <td style="text-align: center;"></td> <td></td> </tr> </table> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |                                                                                                                                                                                | X                                                                                                                                                                | Director  | X | 10% Owner | O | Officer (give title below) | O |  | O | Other (specify below) |  |  | <b>7. Individual or Joint/Group Filing (Check Applicable Line)</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 30px; text-align: center;">X</td> <td>Form Filed by One Reporting Person</td> </tr> <tr> <td style="text-align: center;">O</td> <td>Form Filed by More than One Reporting Person</td> </tr> </table> | X | Form Filed by One Reporting Person | O | Form Filed by More than One Reporting Person |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Director                                                                                                                                                                       | X                                                                                                                                                                | 10% Owner |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Officer (give title below)                                                                                                                                                     | O                                                                                                                                                                |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other (specify below)                                                                                                                                                          |                                                                                                                                                                  |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Form Filed by One Reporting Person                                                                                                                                             |                                                                                                                                                                  |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Form Filed by More than One Reporting Person                                                                                                                                   |                                                                                                                                                                  |           |   |           |   |                            |   |  |   |                       |  |  |                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   |                                              |

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

\* If the form is filed by more than one reporting person, *see* instruction 4(b)(v).

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

| 1. Title of Security<br><i>(Instr. 3)</i> | 2. Transaction Date<br><i>(Month/Day/Year)</i> | 2A. Deemed Execution Date, if any<br><i>(Month/Day/Year)</i> | 3. Transaction Code<br><i>(Instr. 8)</i> | 4. Securities Acquired (A) or Disposed of (D)<br><i>(Instr. 3, 4 and 5)</i> | 5.Amount of Securities Beneficially Owned Following Transaction(s)<br><i>(Instr. 3 and 4)</i> | 6. Ownership Form: Direct (D) or Indirect (I)<br><i>(Instr. 4)</i> | 7. Nature of Indirect Beneficial Ownership<br><i>(Instr. 4)</i> |
|-------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
|-------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|

|                    |           | Code V | Amount | (A)<br>or<br>(D) | Price  |           |   |       |
|--------------------|-----------|--------|--------|------------------|--------|-----------|---|-------|
| Common<br>Stock    | 10/8/2002 | P      | 3,600  | A                | \$1.80 | 2,032,454 | I | Trust |
| Preferred<br>Stock |           |        |        |                  |        | 285,714   | I | Trust |

**Table II** Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

[illegible]

| Table II | Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) | Continued |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|
|----------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|

[illegible]

### Explanation of Responses:

/s/ Jennifer Evans

10/9/02

**\*\*Signature of Reporting  
Person**

Date \_\_\_\_\_

By Jennifer Evans per  
Power of Attorney filed  
with the SEC

\*\* 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.