## Edgar Filing: NARINE JEENARINE - Form 4

NARINE JH Form 4 May 13, 20												
FORM	ЛЛ								OMB APPROVAL			
	UNITED			AND EX( 1, D.C. 20:		NGE CO	OMMISSION	OMB Number:	3235-0287			
Subject to Section 16. Form 4 or Form 5 obligations may continue Fort 16. Filed pursuant to S Section 17(a) of the 1			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: January 31, 2005 Estimated average burden hours per response 0.5			
<i>See</i> Inst 1(b).	ruction	30(n) C	of the fi	ivestmen	it Compan	y Aci	01 1940	)				
(Print or Type	Responses)											
NARINE JEENARINE S			Symbol					5. Relationship of Reporting Person(s) to Issuer				
		ELITE PHARMACEUTICALS INC /NV/ [ELTP]					(Check all applicable)					
(N				of Earliest 7 Day/Year) 2013	Fransaction			X_ DirectorX_ 10% Owner Officer (give title below) Other (specify below)				
			4. If Am	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	ar)			Applicable Line) _X_ Form filed by One Reporting Person				
LAURELT	ON, NY 11413							Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative S	Securi	ties Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securitie ondr Dispose (Instr. 3, 4	d of (E and 5) (A) or	))	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)		
Common Stock	05/09/2013			Code V D	Amount 391,500	(D) D	Price \$ 0.0711	14,965,834	I (1)	see footnote $(1)$		

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: NARINE JEENARINE - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
NARINE JEENARINE C/O EPIC PHARMA, LLC 227-15 NORTH CONDUIT LAURELTON, NY 11413	AVENUE	Х	Х					
Signatures								
Jeenarine Narine	05/13/2013							
<u>**</u> Signature of	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).

Jeenarine Narine is an equity owner and executive officer of each of Epic Pharma, LLC ("EP"), and Epic Investments, LLC ("EI") (which (1) is controlled by EP), which owns securities convertible into or exercisable for in excess of 10% of the outstanding shares of common stock of the issuer, and also serves as a director of the issuer.

(2) Of the 14,965,834 shares of common stock, 9,008,212 shares of common stock are owned indirectly through EI and 5,957,622 shares are owned directly by the reporting person.

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 Person