Edgar Filing: ANIKA THERAPEUTICS INC - Form 3

ANIKA THERAPEUTICS INC Form 3 November 09, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Exercisable Date

(Print or Type Responses)

Person [*]	Address of Re		2. Date of Event Req Statement(Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ANIKA THERAPEUTICS INC [ANIK]					
(Last)	(First)	(Middle)	11/08/2006	4. Relationshi Person(s) to I	ip of Reporting ssuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
160 NEW	BOSTON S	TREET				`	. ,			
	(Street)			(Check	(Check all applicable)		6. Individual or Joint/Group			
WOBURN	, MA 01	801		.e	 10% Ow Other w) (specify below) linical & Qlty.Sy 	/ner Filing(Ch _X_Form) Person SForm	heck Applicable Line) filed by One Reporting filed by More than One			
						Reporting	Person			
(City)	(State)	(Zip)	Table	e I - Non-Derivat	Non-Derivative Securities Beneficially Owned					
1.Title of Sec (Instr. 4)	urity			nount of Securities ficially Owned . 4)	Ownership C	. Nature of Ind Ownership Instr. 5)	irect Beneficial			
	port on a sepa y or indirectly		each class of securities b	peneficially S	EC 1473 (7-02)					
	infori requi	nation con red to resp	spond to the collecti tained in this form a ond unless the form MB control number	re not i displays a						
	Table II - De	rivative Sec	urities Beneficially Ow	ned (e.g., puts, calls,	warrants, optio	ns, convertible	e securities)			
1. Title of De (Instr. 4)	rivative Secur	Exp	iration Date S th/Day/Year) I (3. Title and Amount o Securities Underlying Derivative Security Instr. 4)	f 4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Amount or

Number of

Shares

Title

or Indirect

(Instr. 5)

(I)

OMB APPROVAL 3235-0104 Number: January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Garrison Constance H 160 NEW BOSTON STREET WOBURN, MA 01801	Â	Â	V.P.Reg.,Clinical & Qlty.Sys.	Â		
Signatures						
/s/ Constance H. Garrison	1/09/2006	5				
**Signature of Reporting	Date					

Explanation of Responses:

No securities are beneficially owned

* 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).

Â **Remarks:** N/A

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.