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ELITE PHARMACEUTICALS INC /DE/

Form 3 January 16, 2003

		OMB APPROVAL
		OMB Number: 3235-0 Expires: January 31, 2 Estimated average burden hours per response
U	NITED STATES SECURITIES AND E Washington, DC 2	
	FORM 3	
INITI	AL STATEMENT OF BENEFICIAL OW	NERSHIP OF SECURITIES
Section 17	t to Section 16(a) of the Sec (a) of the Public Utility Hol ction 30(h) of the Investment sponses)	ding Company Act of 1935 or
1. Name and Add	ress of Reporting Person*	
Sichel	Eric	L
(Last)	(First)	(Middle)
(Last) 411 Highview Road	(First)	(Middle)
(Last) 411 Highview Road	(First)	(Middle)
(Last) 411 Highview Road Englewood	(First)(Street)	(Middle)
(Last) 411 Highview Road Englewood	(First)(Street)	(Middle) 07631
(Last) 411 Highview Road Englewood(City)	(First) (Street) NJ (State)	(Middle) 07631(Zip)
(Last) 411 Highview Road Englewood(City) 2. Date of Even	(First) (Street) NJ	(Middle) 07631(Zip)
(Last) 411 Highview Road Englewood(City) 2. Date of Even	(First) (Street) NJ (State) t Requiring Statement (Month/	(Middle) 07631 (Zip) Day/Year)
(Last) 411 Highview Road Englewood(City) 2. Date of Even	(First) (Street) NJ (State) t Requiring Statement (Month/	(Middle) 07631 (Zip) Day/Year)
(Last) 411 Highview Road Englewood(City) 2. Date of Even	(First) (Street) NJ (State) t Requiring Statement (Month/	(Middle) 07631 (Zip) Day/Year)
(Last) 411 Highview Road Englewood (City) 2. Date of Even August 2, 2001 3. I.R.S. Ident N/A	(First) (Street) NJ (State) t Requiring Statement (Month/	(Middle) 07631 (Zip) Day/Year)
(Last) 411 Highview Road Englewood (City) 2. Date of Even August 2, 2001 3. I.R.S. Ident N/A	(First) (Street) NJ (State) t Requiring Statement (Month/	(Middle) 07631(Zip)
(Last) 411 Highview Road Englewood (City) 2. Date of Event August 2, 2001 3. I.R.S. Ident N/A 4. Issuer Name Elite Pharmaceuti	(First) (Street) NJ (State) t Requiring Statement (Month/ ification Number of Reporting and Ticker or Trading Symbol cals, Inc. ELI of Reporting Person(s) to Is	(Middle) 07631 (Zip) Day/Year) Person, if an entity (voluntar

^{6.} If Amendment, Date of Original (Month/Day/Year)

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7. Individual or Joint/Group Filing	(Check Applicable line)					
X Form filed by One Reporting Person _ Form filed by More than One Reporting Person						
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature (Instr			
N/A						
FORM 3 (continued)						
Table II Derivative Securities Bene (e.g., puts, calls, warran	nts, options, convertible					

3. Title and Amount of Securities Underlying Derivative Security

2. Date Exercisable (Instr. 4)
and Expiration Date

4. Conve

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	(Month/Day/Year)			Amount	sion
1. Title of Derivative Security (Instr. 4)	Date Exer-	Expira- tion	Title	or Number of Shares	Exerc Price Deriv Secur
Option			Common Stock		10.00
Option			Common Stock		10.00
Option	8-2-04	8-2-11*	Common Stock		10.00
		:=======			

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

Explanation of Responses:

/s/ Eric L. Sichel	1/15/03
**Signature of Reporting Person	Date

- * If the form is filed by more than one reporting person, see Instruction $5\,(b)\,(v)\,.$
- $\ensuremath{^{\star\star}}$ 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.