#### ANIKA THERAPEUTICS INC

Form 4

March 13, 2008

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading SHERWOOD CHARLES H Issuer Symbol ANIKA THERAPEUTICS INC (Check all applicable) [ANIK] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_ Director 10% Owner X\_ Officer (give title \_ Other (specify (Month/Day/Year) below) 32 WIGGINS AVE. 03/11/2008 President & CEO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting BEDFORD, MA 01730 Person

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securi	ties Acq	quired, Disposed (	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acq on(A) or Disposed (D) (Instr. 3, 4 and 5) (A) or		d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/12/2008		Code V S	Amount 200	(D) D	Price \$ 9.31	(Instr. 3 and 4) 133,600	D	
Common Stock	03/12/2008		S	900	D	\$ 9.32	132,700	D	
Common Stock	03/12/2008		S	700	D	\$ 9.33	132,000	D	
Common Stock	03/12/2008		S	900	D	\$ 9.34	131,100	D	
Common Stock	03/12/2008		S	200	D	\$ 9.35	130,900	D	

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

### Edgar Filing: ANIKA THERAPEUTICS INC - Form 4

Common Stock	03/12/2008	S	200	D	\$ 9.36	130,700	D
Common Stock	03/12/2008	S	400	D	\$ 9.37	130,300	D
Common Stock	03/12/2008	S	400	D	\$ 9.39	129,900	D
Common Stock	03/12/2008	S	200	D	\$ 9.4	129,700	D
Common Stock	03/12/2008	S	887	D	\$ 9.47	128,813	D
Common Stock	03/12/2008	S	698	D	\$ 9.48	128,115	D
Common Stock	03/12/2008	S	400	D	\$ 9.51	127,715	D
Common Stock	03/12/2008	S	15	D	\$ 9.52	127,700	D
Common Stock	03/12/2008	S	200	D	\$ 9.6	127,500	D

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.

SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ite	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					,					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	(	Number	
									of	
				Code V	(A) (D)				Shares	

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SHERWOOD CHARLES H

32 WIGGINS AVE. X President & CEO

BEDFORD, MA 01730

## **Signatures**

/s/ Charles H. O3/13/2008 Sherwood

\*\*Signature of Reporting Date
Person

## **Explanation of Responses:**

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

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 Owners 3

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).