## Edgar Filing: Anika Therapeutics, Inc. - Form 4

Anika Thera Form 4 February 29,											
FORM	14								PROVAL		
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or					ICIA	Expires: January 31, 2005 Estimated average burden hours per response 0.5					
Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. 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											
(Print or Type I	Responses)										
LAND RAYMOND J Symbol			mbol	er Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
			Anika Therapeutics, Inc. [ANIK]			(Check all applicable)					
(Mor			Date of Earliest Transaction Aonth/Day/Year) 2/25/2016				X_ Director 10% Owner Officer (give title Other (specify below) below)				
			If Amendment, D ed(Month/Day/Yea	Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
BEDFORD	, MA 01730						Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code Year) (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/25/2016		S	2,695	D	\$ 43.62	14,165	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.

 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 Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	ionNumber of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	(Month/Day ve es d d	Expiration Date (Month/Day/Year)		nt of lying ties 3 and 4)	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	,	·	Expiration Date		Amount or Number of Shares		

## Edgar Filing: Anika Therapeutics, Inc. - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LAND RAYMOND J 32 WIGGINS AVENUE BEDFORD, MA 01730	Х						
Signatures							
/s/ RAYMOND J. LAND	02/29/20	16					
**Signature of Reporting Person	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).

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.