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ELITE PHARMACEUTICALS INC /NV/

Form 4

November 19, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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

1(b).

(City)

(Print or Type Responses)

may continue.

See Instruction

EPIC PHARMA LLC	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
	ELITE PHARMACEUTICALS INC /NV/ [ELTP]	(Check all applicable)			
(Last) (First) (Middle) 227-15 NORTH CONDUIT AVE	3. Date of Earliest Transaction (Month/Day/Year) 11/14/2013	DirectorX10% Owner Officer (give title below) Other (specify below)			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
Ι ΔΙΙΡΕΙ ΤΟΝ ΝΥ 11413-3134					

LAURELTON, NY 11413-3134

(State)

(Zip)

(City)	(State)	Ta	ble I - Non	-Derivative Se	ecuriti	es Acquire	ed, Disposed of, o	or Beneficiall	y 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 Application of (Instr. 3, 4 an	D) d 5)	red (A) or	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)
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	,	
Common Stock	11/14/2013		S	465,090	D	\$ 0.1152	73,333,543	I (1)	By Epic Investments, LLC (1)
Common Stock	11/15/2013		S	318,050	D	\$ 0.1173	73,015,493	I (1)	By Epic Investments, LLC (1)
Common Stock	11/18/2013		S	1,170,000	D	\$ 0.1175	71,845,493	I (1)	By Epic Investments, LLC (1)
Common Stock	11/19/2013		S	21,000	D	\$ 0.117	71,824,493	I (1)	By Epic Investments,

Person

LLC (1)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. iorNumber	6. Date Exer Expiration D		7. Title Amou		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities	S		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						5	.		or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
EPIC PHARMA LLC							
227-15 NORTH CONDUIT AVE		X					
LAURELTON, NY 11413-3134							

Signatures

Ram Potti, Managing 11/19/2013 Member

**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).

The reporting person, Epic Pharma, LLC ("EP") owns 100% of the outstanding equity interests, is an equity owner of Epic Investments, (1) LLC ("EI"). The interest of EP in the securities of the issuer owned by EI is limited, and EP disclaims beneficial ownership of such securities except, to the extent of its pecuniary interest in EI.

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.

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