Ehlinger Rob Form 4											
November 13, 2018       O         FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       O         Check this box if no longer subject to Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expire Section 16.									OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ehlinger Robert			2. Issuer Name <b>and</b> Ticker or Trading Symbol LANNETT CO INC [LCI]				ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Aiddle)	3. Date of Earliest Transaction (Check					k all applicable)			
9000 STATE ROAD			(Month/Day/Year) 09/30/2018					Director 10% Owner X Officer (give title Other (specify below) below) VP and CIO			
(Street) 4. If Amendment, Date Original Filed(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>							
PHILADELPHIA, PA 19136											
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution (Instr. 3) any		Date, if	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	09/30/2018			J	167 <u>(1)</u>		\$ 4.04	28,327	D		
Common Stock	11/09/2018			F	344 <u>(2)</u>	D	\$ 5.36	27,983	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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
	Director	10% Owner	Officer	Other
Ehlinger Robert 9000 STATE ROAD PHILADELPHIA, PA 19136			VP and CIO	
Signatures				
/s/ Samuel Israel Limited Powe Ehlinger	11/13/2018			
<u>**</u> Signature of Re	porting Perso	on		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).

- (1) Shares purchased pursuant to Employee Stock Purchase Plan.
- (2) Shares were withheld by the Company to satisfy tax withholding obligations related to a vesting of restricted stock on 11/9/2018

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.