FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

3235-0287

OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Plassche Douglas						2. Issuer Name and Ticker or Trading Symbol ELITE PHARMACEUTICALS INC /NV/ [ ELTP ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  10% Owner					
(Last) (First) (Middle) 165 LUDLOW AVE.				3. Date of Earliest Transaction (Month/Day/Year) 07/08/2025											X	Officer below)	r (give title		Other (below)	specify	
(Street) NORTHVALE NJ 07647					4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(City)	City) (State) (Zip)														Form filed by More than One Reporting Person						
		7	able I - No	on-Deriv	ativ	e S	ecur	ities A	cquir	red, D	Dispo	osed o	of, or	Ben	eficial	y O	wned				
Date					Date Month/Day/Year)		2A Deemed Execution Date, if any (Month/Day/Year		Code (Instr.			4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) See Be Ow		ecurities eneficially wned Following		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Cod	ode V	,	Amount		(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Stock Options (right to buy) 07/03/					/2025		N	М		2,500,	,000,	A	\$0.0	03	2,500,000			D			
			Table II -	Deriva (e.g., p												Owr	ned				
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A Deemed Execution Da if any (Month/Day/Y	Cod	Transaction Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			e and	d 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Security	of De Se	Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	y   1	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Cod	le \	v (	(A) (D	<b>)</b> )	Date Exerci	isable	Expi Date	iration e	Title		Amount or Number of Shares			(Instr. 4)	(e)		
Stock Options (right to	\$0.03	07/03/2025		N	1		2,5	500,000	01/03/2	<sup>'</sup> 2025 <sup>(1)</sup>	01/0	03/2033	Comme		2,500,000		\$0	5,000,000	0	D	

## **Explanation of Responses:**

1. All of the stock options were fully vested and exercisable as of the transaction date.

/s/ Douglas Plassche

07/08/2025

\*\* Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

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

<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).