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

Instruction it	J.																		
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 Office below	er (give title w)			specify		
(Street) NORTHVALE NJ 07647					4. If Amendment, Date of Original Filed (Month/Day/Year)										Operations 6. Individual or Joint/Group Filing (Check Applicable Line)				
(City)	(State) (Zip)													For	Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Exec if ar	Deemed cution Date, ny nth/Day/Year)		Transaction [·			Secur Benet Owne Repo	icially d Following ted	Form (D) or	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	V	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			
Stock Options (right to buy) 07/08.						/2025			S		200,00	0	D	\$0.57	9 2	2,300,000		D	
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 Execution Date Execution Date (Month/Day/Year) (Month/Day/Year)		n Date, ay/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio			or		ecurity 4) mount	8. Price of Derivativ Security (Instr. 5)	9. Number derivative e Securities Securities Genericial Owned Following Reported Transactio (Instr. 4)	ly C	I0. Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ Douglas Plassche

07/10/2025

** Signature of Reporting Person

Date

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

- * 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.

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.