Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* FINGER ALISON CECILY				2. Issuer Name and Ticker or Trading Symbol ADMA BIOLOGICS, INC. [ADMA]								(Ch	elationship of a control of the cont	*		son(s) to Issuer			
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024									Officer below)	(give title		Other (s below)	pecify
C/O ADMA BIOLOGICS, INC. 465 STATE ROUTE 17					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	Y N	J	07446			Form filed by More than One Re Person										One Repor	ting		
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Nor	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or E	3ene	eficiall	y Owned				
Date					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an				es Fo ially (D Following (I)		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D) P		Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common	Stock			02/26	5/2024			A		24,040 ⁽¹⁾ A		\$0	24,040(2)			D			
		-	Fable II - I								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	I. Fransa Code (3)		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)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	0 N 0	Amount or lumber of Shares					
Stock Option (right to buy)	\$5.4	02/26/2024			A		37,541		(3)		02/26/2034	Comm Stock		37,541	\$0	37,541		D	

Explanation of Responses:

- 1. These shares represent restricted stock units ("RSUs") that will vest in two equal installments, on the six- and 12-month anniversaries of the grant date, becoming fully vested on the one-year anniversary of the grant date, subject to the reporting person's continued service as of the applicable vesting date.
- 2. Includes, as of the transaction date, 24,040 RSUs granted on February 26, 2024 and reported on this Form 4, subject to vesting as set forth in footnote (1).
- 3. The options vest in 12 equal monthly installments, becoming fully vested on the one-year anniversary of the date of grant.

/s/ Alison C. Finger, by Brian Lenz as Attorney-in-fact ** Signature of Reporting Person

Date

02/28/2024

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.