

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| OMB APPROVAL | |
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| | | |
|--|---|--|
| 1. Name and Address of Reporting Person* <u>Aisling Capital II LP</u> (Last) (First) (Middle) 888 SEVENTH AVENUE 30TH FLOOR (Street) NEW YORK NY 10106 (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>ADMA BIOLOGICS, INC. [ADMA]</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) 10/22/2013 | |
| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|-------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 10/22/2013 | | P | | 411,765 | A | \$8.5 | 3,620,143 ⁽¹⁾ | I | By Aisling Capital II, LP ⁽²⁾ |

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. 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) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|--|-----|---|--|--|---|--|
| | | | | Code | V | | (A) | (D) | | | | | |

1. Name and Address of Reporting Person*
Aisling Capital II LP
 (Last) (First) (Middle)
 888 SEVENTH AVENUE
 30TH FLOOR
 (Street)
 NEW YORK NY 10106
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
AISLING CAPITAL PARTNERS LLC
 (Last) (First) (Middle)
 888 SEVENTH AVENUE
 30TH FLOOR
 (Street)
 NEW YORK NY 10106
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
AISLING CAPITAL PARTNERS, LP

| | | |
|--------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 888 SEVENTH AVENUE | | |
| 30TH FLOOR | | |
| _____ | | |
| (Street) | | |
| NEW YORK | NY | 10106 |
| _____ | | |
| (City) | (State) | (Zip) |

1. Name and Address of Reporting Person*

SCHIFF ANDREW N

| | | |
|--------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 888 SEVENTH AVENUE | | |
| 30TH FLOOR | | |
| _____ | | |
| (Street) | | |
| NEW YORK | NY | 10106 |
| _____ | | |
| (City) | (State) | (Zip) |

1. Name and Address of Reporting Person*

Purcell Dennis J

| | | |
|--------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 888 SEVENTH AVENUE | | |
| 30TH FLOOR | | |
| _____ | | |
| (Street) | | |
| NEW YORK | NY | 10106 |
| _____ | | |
| (City) | (State) | (Zip) |

1. Name and Address of Reporting Person*

ELMS STEVE

| | | |
|--------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 888 SEVENTH AVENUE | | |
| 30TH FLOOR | | |
| _____ | | |
| (Street) | | |
| NEW YORK | NY | 10106 |
| _____ | | |
| (City) | (State) | (Zip) |

Explanation of Responses:

- After giving effect to the stock split at a ratio of 1.27-for-1 effected by ADMA Biologics, Inc. on April 4, 2013.
- The reportable securities are owned directly by Aisling Capital II, LP ("Aisling"), and held indirectly by Aisling Capital Partners, LP ("Aisling GP"), as general partner of Aisling, Aisling Capital Partners LLC ("Aisling Partners"), as general partner of Aisling GP, and each of the individual managing members of Aisling Partners. The individual managing members (collectively, the "Managers") of Aisling Partners are Dennis Purcell, Dr. Andrew Schiff and Steve Elms. Aisling GP, Aisling Partners and the Managers share voting and dispositive power over the shares directly held by Aisling.

| | |
|------------------------------|-------------------|
| <u>/s/ Lloyd Appel</u> | <u>10/22/2013</u> |
| <u>/s/ Lloyd Appel</u> | <u>10/22/2013</u> |
| <u>/s/ Lloyd Appel</u> | <u>10/22/2013</u> |
| <u>/s/ Andrew N. Schiff</u> | <u>10/22/2013</u> |
| <u>/s/ Dennis J. Purcell</u> | <u>10/22/2013</u> |
| <u>/s/ Steve Elms</u> | <u>10/22/2013</u> |

** 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.