FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

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* <u>Grossman Adam S</u>							2. Issuer Name and Ticker or Trading Symbol ADMA BIOLOGICS, INC. [ADMA]								elationshi ck all app Direc	olicable)	ng Person(s) to 10%	Issuer Owner
(Last) (First) (Middle) C/O ADMA BIOLOGICS, INC. 465 STATE ROUTE 17							3. Date of Earliest Transaction (Month/Day/Year) 06/18/2014								X Officer (give title below) Other (specify below) President & CEO			
(Street) RAMSEY NJ 07446 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne) X 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. Transact Date (Month/Day						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			es Acqu Of (D) (II	ired (A nstr. 3,) or 4 and	5. Amo Securit Benefic Owned Reporte	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
										v	Amount	(A) (D)	or P	rice	Transa (Instr. 3	ction(s)		(Instr. 4)
Common Stock, \$0.0001 par value per share 06/18/2							.014		P		1,875	A \$9.		9.59(1)	602,457(2)(3)		I	Please see footnote ⁽⁴⁾
	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)				6. Date Exercisal Expiration Date (Month/Day/Year		Amount of Securities Underlying Derivative Security (Inst and 4)		De Se (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	oer				

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$9.58 to \$9.60 per share. The reporting person undertakes to provide to ADMA Biologics, Inc., any security holder of ADMA Biologics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased by it at each separate price on June 18, 2014.
- 2. 580,957 of these shares are held by Hariden, LLC, an entity for which Adam Grossman has the power to vote and dispose of the shares of common stock of ADMA Biologics, Inc.
- 3. 20,500 of these shares are held by Areth LLC, an entity for which Adam Grossman has the power to vote and dispose of the shares of common stock of ADMA Biologics, Inc.
- 4. These shares are being purchased by Areth LLC, an entity for which Adam Grossman has the power to vote and dispose of the shares of common stock of ADMA Biologics, Inc

<u>/s/ Adam S. Grossman</u> <u>06/20/2014</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.