

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>Biotest AG</u> (Last) (First) (Middle) <u>LANDSTEINERSTR. 5</u> (Street) <u>DREIEICH 2M 63303</u> (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) <u>05/14/2018</u>	
		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			
Non-Voting Common Stock	05/14/2018		s		8,591,160 ⁽¹⁾	D	\$0	0	I	By Biotest Pharmaceuticals Corporation ⁽²⁾
Common Stock								10,109,534	I	By Biotest Pharmaceuticals Corporation ⁽³⁾

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 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*
Biotest AG
 (Last) (First) (Middle)
LANDSTEINERSTR. 5
 (Street)
DREIEICH 2M 63303
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Biotest Pharmaceuticals Corp
 (Last) (First) (Middle)
901 YAMATO ROAD, SUITE 101
 (Street)
BOCA RATON FL 33431
 (City) (State) (Zip)

Explanation of Responses:

1. On May 14, 2018, pursuant to a Share Transfer, Amendment and Release Agreement, by and among, among other parties, the issuer, Biotest Pharmaceuticals Corporation ("BPC") and Biotest AG, BPC transferred to the issuer, for no cash consideration, 8,591,160 shares of the issuer's non-voting common stock previously issued to BPC in June 2017 and representing 100% of the issuer's then-issued and outstanding non-voting common stock.

2. The shares were owned directly by BPC, a ten percent owner of the issuer and a wholly owned subsidiary of Biotest AG, and indirectly by Biotest AG.

3. The shares are owned directly by BPC, a ten percent owner of the issuer and a wholly owned subsidiary of Biotest AG, and indirectly by Biotest AG.

/s/ Ulrike Burkhard, General Counsel 05/16/2018

/s/ Donna Quinn, Vice President and General Counsel 05/16/2018

** 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.