Whitcup Scott M Form 4 December 02, 2010

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB
Number 3235-0287

washington, D.C. 20549

Number: January 31, 2005

if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and A Whitcup Sc	Address of Repo ott M	rting Person *	2. Issuer Name and Ticker or Trading Symbol ALLERGAN INC [AGN]	5. Relationship of Reporting Person(s) to Issuer			
(Lost)	(Finat)	(Middle)	,	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
2525 DUPC	2525 DUPONT DRIVE		(Month/Day/Year) 12/01/2010	Director 10% Owner _X Officer (give title Other (specification) below)  Executive VP, R&D, CSO			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
IRVINE, CA 92612			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I Non Derivative Securities Ac	quired Dienocod of ar Ranoficially Owner			

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transactiomr Dispo Code (Instr. 3, (Instr. 8)		(A) or		Beneficially For Owned Dir Following or I Reported (I)	Ownership Form: Direct (D) or Indirect	Beneficial O) Ownership ect (Instr. 4)
Common Stock	12/01/2010		Code V M	Amount 7,400 (1)	(D)	Price \$ 40.0887	35,127.888	D	
Common Stock	12/01/2010		S	7,400 (1)	D	\$ 67.1415	27,727.888 (2)	D	
Common Stock							1,694.7875 (3)	I	By 401(k)
Common Stock							1,739.0666 (4)	I	By Esop

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

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SEC 1474 (9-02)

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. Transacti Code (Instr. 8)	5. Number one 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 40.0887	12/01/2010		М	7,400	<u>(5)</u>	02/01/2011	Common Stock	7,400

#### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Whitcup Scott M 2525 DUPONT DRIVE IRVINE, CA 92612

Executive VP, R&D, CSO

#### **Signatures**

/s/ Matthew J. Maletta, attorney-in-fact for Scott M.

Whitcup 12/02/2010

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on November 5, 2010.
- (2) Includes shares acquired under the Allergan, Inc. Dividend Reinvestment Plan.
- (3) Shares allocated to reporting person's SIP account as of reporting date.
- (4) Shares allocated to the reporting person's ESOP account as of reporting date.

Reporting Owners 2

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(5) The option becomes exercisable in four equal annual installments beginning February 2, 2002.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.