### Edgar Filing: ENDO PHARMACEUTICALS HOLDINGS INC - Form 3

#### ENDO PHARMACEUTICALS HOLDINGS INC

Form 3

April 02, 2008

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement ENDO PHARMACEUTICALS HOLDINGS INC A Holveck David (Month/Day/Year) [ENDP] 03/25/2008 (First) (Last) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O ENDO (Check all applicable) PHARMACEUTICALS, 100 **ENDO BOULEVARD** \_X\_ Director 10% Owner \_X\_\_ Officer (Street) Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) President & CEO \_X\_ Form filed by One Reporting Person CHADDS FORD, Â PAÂ 19317 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities 3. (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) 2007 Stock Incentive Plan Restricted Stock Â 46,088 (2) D Units (RSUs) (1) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. 5. 6. Nature of Indirect (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5)

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
2007 Stock Incentive Plan Stock Ontions (3)	(4)	04/01/2018	Common Stock	188,632	\$ 24.41	D	Â

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Holveck David

C/O ENDO PHARMACEUTICALS 100 ENDO BOULEVARD

CHADDS FORD, PAÂ 19317

# **Signatures**

/s/ Caroline B. Manogue, by Power of Attorney

04/02/2008

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
  - These restricted stock units (RSUs) vest over a four-year period, 86.11% on April 1, 2011 and 13.89% on April 1, 2012, in each case provided Mr. Holveck is then employed by the Company, or upon an earlier termination of his employment due to death, Disability,
- (1) termination of employment by the Company without Cause, or by Mr. Holveck for Good Reason (in each case as such term is defined in his employment agreement). Pursuant to the Endo Pharmaceuticals Holdings Inc. Executive Deferred Compensation Plan, Mr. Holveck has until April 30, 2008 to elect to defer receipt of these RSUs or any portion thereof.
- (2) These securities were granted to Mr. Holveck in consideration of his anticipated services as the President & Chief Executive Officer of Endo Pharmaceuticals Holdings Inc.
- (3) Representing the right to buy Common Stock of Endo Pharmaceuticals Holdings Inc.
  - These stock options are exercisable 25% per year on each of April 1, 2009, April 1, 2010, April 1, 2011 and April 1, 2012, provided Mr. Holveck is employed on such dates by the Company, or upon an earlier termination of his employment due to death, Disability,
- termination of employment by the Company without Cause, or by Mr. Holveck for Good Reason (in each case as such term is defined in his employment agreement).

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.

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