## Edgar Filing: BUCHEN DAVID A - Form 4

BUCHEN D Form 4 August 29, 2											
FORM	лл								OMB AF	PROVAL	
	UNIT	ED STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue STATEMENT OF CHANGES IN SECU Filed pursuant to Section 16(a) of t Section 17(a) of the Public Utility Ho				GES IN I SECUR 6(a) of the tility Hold	<b>S IN BENEFICIAL OWNERSHIP OF</b> <b>CURITIES</b> of the Securities Exchange Act of 1934, Holding Company Act of 1935 or Section nent Company Act of 1940					January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)										
1. Name and A BUCHEN I	Address of Repor	rting Person <u>*</u>	Symbol	r Name <b>and</b> ON PHAR 'PI]			-	5. Relationship of Issuer (Checl	Reporting Pers		
	(First) CORPORATE FERPACE PK		3. Date of (Month/E 08/26/2	-	ansaction			Director X Officer (give below) Exec VP,Ge		Owner er (specify & Sec.	
PARSIPPA	(Street) NY, NJ 0705	4		endment, Da nth/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ities Acaı	iired, Disposed of	. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)		Date 2A. Deer fear) Executio any (Month/I	med	3. Transactio Code	4. Securiti n(A) or Dis (Instr. 3, 4	ies Ac sposed	equired l of (D)	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	
Common Stock, par value \$0.0033	08/26/2011			M	17,499	. ,	\$ 28.15	84,071	D		
Common Stock, par value \$0.0033	08/26/2011			М	1	A	\$ 28.15	84,072	D		
Common Stock, par value	08/26/2011			S	17,500	D	\$ 65.5	66,572 <u>(1)</u>	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

### 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and A Underlying S (Instr. 3 and	Secur
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Options to Purchase Common Stock	\$ 28.15	08/26/2011		М	17,499	11/26/2004	11/26/2011	Common Stock, par value \$0.0033	17
Incentive Stock Options to Purchase Common Stock	\$ 28.15	08/26/2011		М	1	11/26/2004	11/26/2011	Common Stock, par value \$0.0033	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
I grant an an an an	Director	10% Owner	Officer	Other		
BUCHEN DAVID A MORRIS CORPORATE CENTER III 400 INTERPACE PKWY PARSIPPANY, NJ 07054			Exec VP,General Counsel & Sec.			
Signatures						

\$0.0033

/s/DAVID A.	08/29/2011
BUCHEN	08/29/2011

\*\*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) Includes shares of restricted stock issued pursuant to the Fourth Amendment and Restatement of the 2001 Incentive Award Plan of Watson Pharmaceuticals, Inc.

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.