

NOVARTIS CORP  
Form 3/A  
March 08, 2005

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

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â NOVARTIS AG			(Month/Day/Year)	EON LABS INC [ELAB]	
(Last)	(First)	(Middle)	02/20/2005	4. Relationship of Reporting Person(s) to Issuer	
LICHSTRASSE 35				(Check all applicable)	
(Street)				<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)	
BASEL				5. If Amendment, Date Original Filed(Month/Day/Year)	
SWITZERLAND,Â V8Â CH				03/02/2005	
4056				6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)				<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	
(State)					
(Zip)					

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.01 per share <sup>(1)</sup>	60,132,122 <sup>(2)</sup>	I <sup>(2)</sup>	See Footnote 1 <sup>(2)</sup>

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

SEC 1473 (7-02)

**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 control number.**

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

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

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NOVARTIS AG LICHSTRASSE 35 BASEL SWITZERLAND, V8 CH 4056		X		
NOVARTIS CORP 608 FIFTH AVENUE NEW YORK, NY 10020		X		

## Signatures

/s/ Peter Rupprecht, Authorized Signatory  
 03/08/2005  
 \*\*Signature of Reporting Person Date

/s/ Joerg Walther, Authorized Signatory  
 03/08/2005  
 \*\*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).

This Form 3/A amends Table 6 of the Form 3 filed jointly by Novartis AG, Novartis Corporation and Zodnas Acquisition Corp. on March (1) 2, 2005. Although Exhibits 99.1 and 99.2 correctly explained that the Form 3 was jointly filed and provided all required information on the filing persons, the original Form 3 incorrectly indicated in Table 6 that the Form 3 was being filed by one reporting person.

(2) See Exhibit 99.1

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### Remarks:

Exhibit List: ^

Exhibit 99.1 ^

Exhibit 99.2

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.