### Edgar Filing: GIORDANO THOMAS R - Form 3

### GIORDANO THOMAS R Form 3 December 12, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

## 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

#### OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> GIORDANO THOMAS R			2. Date of Eve Statement (Month/Day/Y		3. Issuer Name and Ticker or Trading Symbol WATSON PHARMACEUTICALS INC [WPI]				
	irst)	(Middle)	12/11/2006		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O WATSON PHARMACEUTICALS, INC.,, 311 BONNIE CIRCLE (Street) CORONA, CA 92880					(Check all applicable) Director 10% Owner X_Officer Other (give title below) (specify below) Sr VP and CIO			<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li>Form filed by More than One</li> <li>Reporting Person</li> </ul>	
(City) (St	ate)	(Zip)		Table I - N	lon-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	•	
No securities ber	neficiall	y owned		0		D	Â		
Reminder: Report on owned directly or ind		e line for ea	ch class of secu	rities benefici	ially S	EC 1473 (7-02	)		
	informa require	tion conta d to respo	oond to the co ined in this fo nd unless the //B control nu	orm are not form displa					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									

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)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date Exercisable	Expiration Date	n Title	Amount or Number of	Security	Direct (D) or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
GIORDANO THOMAS R C/O WATSON PHARMACEUTICALS, INC., 311 BONNIE CIRCLE CORONA, CA 92880		Â	Â	Sr VP and CIO	Â	
Signatures						
THOMAS R. GIORDANO	12/12/2006					
**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).

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.