Edgar Filing: GIORDANO THOMAS R - Form 4

GIORDANC	D THOMAS R											
Form 4												
December 1'	7, 2009											
FORM	14		a an an						OMB AF	PROVAL		
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check th if no long									Expires:	January 31, 2005		
subject to		OF CHAN			CIA	LOWN	NERSHIP OF	Estimated a				
Section 1				SECUR	ITIES			burden hours per				
Form 4 c Form 5		urcuant to	Section 1	6(a) of the	a Sacurit	os F	vehange	e Act of 1934,	response	0.5		
obligatio	ns Section 1						-	1935 or Section	ı			
may cont See Instr	linue.			vestment	•	· ·			-			
1(b).	uction		,		1							
(Print or Type]	Responses)											
1. Name and A	2. Issuer Name and Ticker or Trading				ıg	5. Relationship of Reporting Person(s) to Issuer						
UIUKDAIN	O IIIOMAS K		-	Symbol								
			WATSON PHARMACEUTICALS INC [WPI]					(Check all applicable)				
(Last)	(Last) (First) (Middle) 3.			f Earliest Tr	ansaction			Director 10% Owner X Officer (give title Other (specify				
			(Month/I	-				XOfficer (give below)	below)	er (specify		
C/O WATS PHARMAC	ON CEUTICALS, II	NC.,, 311	12/16/2	009				Sr	VP and CIO			
BONNIE C	IRCLE											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
CORONA,	CA 92880							Form filed by M Form filed by M Person				
(City)	(State)	(Zip)	Tab	e I - Non-D	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	med	3. 4. Securities Acquired				5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea		ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Securities	Ownership	Indirect		
(Instr. 3)		any (Month/					5)	Beneficially Owned	Indirect (I) (Instr. 4)	Ownership		
		· ·						Following		(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Codo V	Amount	or	Duine	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock, par	10/10/2000			м	10.000		\$	22.000	D			
value	12/16/2009			Μ	10,000	А	\$ 25.62	33,099	D			
\$0.0033												
Common												
Stock, par	12/16/2009			S	10,000	D	\$	23,099 <u>(1)</u>	D			
value	12/10/2009			3	10,000	D	\$ 38.47	23,099 (1)	D			
\$0.0033												

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

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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)	ofDeri Secu Acqu or D (D)	rities uired (A) isposed of r. 3, 4,	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	Amoun or Numbe of Shar
Incentive Stock Options to Purchase Commmon Stock	\$ 25.62	12/16/2009		М		10,000	12/11/2009	12/11/2016	Common Stock, par value \$0.0033	10,00

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			Sr VP and CIO				
Signatures							
THOMAS R. 12/17/2009 GIORDANO							

**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 Second 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.