Edgar Filing: FELDMAN MICHEL J - Form 4

FELDMAN Form 4	MICHEL J										
August 24, 2	2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
Washington, D.C. 20549							OMB Number:	3235-0287			
Check th if no long	~~~	E CILAN	ICES IN	DENIER			VERSHIP OF	Expires:	January 31, 2005		
subject to Section 1 Form 4 o	r Chan	SECUR		ICIA		LKSHIP OF	Estimated a burden hour response	ours per			
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the 1	Public U	· · ·	ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> FELDMAN MICHEL J			2. Issuer Name and Ticker or Trading Symbol WATSON PHARMACEUTICALS				-	5. Relationship of Reporting Person(s) to Issuer			
			INC [W					(Check all applicable)			
				of Earliest Transaction Day/Year) 2010				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				mendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
								Person			
(City)	(State)	(Zip)					-	uired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$0.0033	08/23/2010			S	8,334	D	\$ 42.478 (1)	10,000 <u>(2)</u>	D		
Common Stock, par value \$0.0033								1,000	I	by Spouse	

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)

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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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FELDMAN MICHEL J 626 HOMEWOOD AVENUE #107 HIGHLAND PARK, IL 60035	Х						
Signatures							
/s/MICHEL J. FELDMAN	08/23/20	10					

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$42.46 to \$42.51, inclusive. The reporting person undertakes to provide to Watson Pharmaceuticals, Inc., any security holder of Watson

- (1) Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.
- (2) Includes shares of restricted stock issued pursuant to the Third 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.