## Edgar Filing: BODINE CHRIS W - Form 4

BODINE CH	RIS W										
Form 4											
May 17, 2011									OMB A	PPROVAL	
FORM	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	5. 5. Filed pur snue. Section 17(	STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type R	esponses)										
BODINE CHRIS W Sy W			Symbol WATSC	WATSON PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (1	Middle)	INC [W]	Earliest Tra	neaction			_X_ Director	109	6 Owner	
(Month 282 PHENIX AVENUE,, SUITE TWO (Street) 4. If An			(Month/Dav/Year)				Control Contro				
				If Amendment, Date Original ed(Month/Day/Year)				<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>			
CRANSTON	I, RI 02920							Form filed by Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	2. Transaction Date 2A. Deem Month/Day/Year) Execution any (Month/Da		n Date, if TransactionAcquired (A) or Code Disposed of (D)			)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
_				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, par value \$0.0033	05/13/2011			А	3,177 (1)	A	\$ 0	12,465 <u>(2)</u>	D		

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

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.

## Edgar Filing: BODINE CHRIS W - Form 4

 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships						
hepotenig o whet Paulie / Paul		10% Owner	Officer Other					
BODINE CHRIS W 282 PHENIX AVENUE, SUITE TWO CRANSTON, RI 02920	X							
Signatures								
Chris W Bodine	05/17/2011							
**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).
- These restricted shares of common stock, par value \$0.0033, were issued pursuant to the provisions of the Fourth Amendment and(1) Restatement of the 2001 Incentive Award Plan of Watson Pharmaceuticals, Inc. and will vest 100% on the first anniversary of the date of grant.
- (2) 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.