

ENDO HEALTH SOLUTIONS INC.

Form 3

August 09, 2013

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 *

Â DeGolyer Donald W

(Last)

(First)

(Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

08/01/2013

3. Issuer Name and Ticker or Trading Symbol

ENDO HEALTH SOLUTIONS INC. [ENDP]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☒ Officer ☐ Other

(give title below) (specify below)

Chief Operating Officer,Pharma

6. Individual or Joint/Group

Filing(Check Applicable Line)

☒ Form filed by One Reporting Person☐ Form filed by More than One Reporting Person

C/O ENDO HEALTH SOLUTIONS INC.,Â 1400 ATWATER DRIVE

(Street)

MALVERN,Â PAÂ 19355

(City)

(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)

2010 Stock Incentive Plan Restricted Stock Units (RSU) (1) (2)

30,604 (3)

D

Â

2010 Stock Incentive Plan Performance Shares (4)

30,604 (3) (5)

D

Â

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)

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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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DeGolyer Donald W C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355	Â	Â	Â Chief Operating Officer, Pharma	Â

Signatures

/s/ Caroline B. Manogue, by power of attorney 08/09/2013

__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).

- (1) Upon each vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health Solutions Inc.
- (2) These restricted stock units (RSUs) generally vest 33-1/3% on each of August 2, 2014, August 2, 2015 and August 2, 2016. Upon vesting, we consider the underlying RSUs to be expired.
- (3) These securities were granted to Mr. DeGolyer in connection with his commencement of employment in consideration of his anticipated services as the Chief Operating Officer, Pharmaceuticals of Endo Health Solutions Inc.
- (4) These performance shares vest on August 2, 2016 upon the Company achieving certain shareholder return targets over the period beginning on August 2, 2013 and ending on August 2, 2016.
Represents target quantity of shares issuable. The exact number of shares issuable will be determined on achievement of certain shareholder return targets over a cumulative 3-year period, as determined by the Board of Directors of Endo Health Solutions Inc. Mr. DeGolyer can earn between 0% and 300% of the target shares.

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.