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DE SCHUT Form 4 May 03, 201	TER RICHARD 9	U										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AF OMB Number:	PPROVAL 3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5	ger STATEN 16. or			NERSHIP OF e Act of 1934,	Expires: January 3 20 Estimated average burden hours per response							
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17((a) of the l	Public U		ding Com	ipany	Act of	1935 or Section	1			
(Print or Type I	Responses)											
DE SCHUTTER RICHARD U Symbol			Symbol	ssuer Name and Ticker or Trading ool sch Health Companies Inc.				5. Relationship of Reporting Person(s) to Issuer				
<i>a</i>)	[BHC]					(Check all applicable)						
				of Earliest Transaction Day/Year) 2019				X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Mor				endment, Date Original nth/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 				
(City)	ATER, NJ 08807 (State)	(Zip)				~ .		Person				
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day(Instr. 3)any (Month/Day		ned n Date, if	Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock, No Par Value	05/01/2019			F	3,996 (1)	D	\$ 23.63	259,904	D			
Common Stock, No Par Value	05/03/2019			А	10,633 (2)	A	\$ 23.51	270,537	D			
Common Stock, No Par Value								10,000	I	By spouse		

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

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ve ss i i		7. Title an Amount o Underlyin Securities (Instr. 3 an	of 1g	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	or Title Nur of	nount mber ares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
here and a second second second	Director	10% Owner	Officer	Other		
DE SCHUTTER RICHARD U 400 SOMERSET CORPORATE BOULEVARD BRIDGEWATER, NJ 08807	Х					
Signatures						
/s/ Kirsten O'Donnell, attorney-in-fact for Richard Schutter	l U. De	(05/03/201	19		

**Signature of Reporting Person

05/03/2019 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).
- This number represents common shares withheld to satisfy the tax withholding obligations due upon vesting of Restricted Share (1)Units.

Represents the award of restricted share units ("RSUs") granted to non-employee directors of Bausch Health Companies Inc.

("Bausch Health") on the third business day following their election at the Annual Meeting of Shareholders of Bausch Health (the (2) "Annual Meeting"). The RSUs have a grant date value equal to \$250,000, vest immediately prior to Bausch Health's next Annual Meeting, and are settled in common shares, no par value, of Bausch Health.

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.