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Form 4	JHN										
March 14, 201	Δ	STATES	SECUP	TIES AN	ND FXC	HAN	IGF (OMMISSION		PPROVAL	
Washington, D.C. 20549							2010110110551011	OMB Number:	3235-0287 January 31,		
Check this if no longe											
subject to Section 16 Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0		
obligations may contir <i>See</i> Instruc 1(b).	Section 17	(a) of the		lity Holdi	ng Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> DELUCCA JOHN			2. Issuer Name and Ticker or Trading Symbol ENDO HEALTH SOLUTIONS INC. [ENDP]				5. Relationship of Reporting Person(s) to Issuer . (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				_X_ Director 10% Owner				
	IEALTH SOL TWATER DR		(Month/Da 03/12/20	-				Officer (give below)	title Other below)	er (specify	
				mendment, Date Original Month/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 			
MALVERN,	PA 19355							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executi any	ion Date, if	Code	 4. Securities actionAcquired (A) or Disposed of (D) 8) (Instr. 3, 4 and 5) (A) 		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
2010 Stock Incentive Plan				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Restricted Stock Units (RSU) (1) (2)	03/12/2013			А	6,515	А	<u>(3)</u>	6,515	D		

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

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amo Unde Secur	tle and unt of rrlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Pana	rting O	WBOKO	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
перо	rting O	when 5	Relations	hips						

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
DELUCCA JOHN C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355	Х						
Signatures							
/s/ Caroline B. Manogue, by Power of Attorney		03/14/2013					
**Signature of Reporting Person		Date					
Explanation of Responses:							

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* 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).

Upon the vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health (1) Solutions Inc. unless the director has elected to defer receipt of the vested shares under the Endo Health Solutions Inc. Directors Deferred Compensation Plan.

- These restricted stock units (RSUs) generally vest 100% on March 12, 2014. Upon vesting, we consider the underlying RSUs to be (2)expired.
- (3) These securities were granted to Mr. Delucca in consideration of his services on the Endo Health Solutions Inc. Board of Directors.

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.