Holveck David
Form 4
January 03, 2013
FORM 4

| Check this box | Washington, D.C. 20549 |
| :--- | :---: |
| if no longer |  |
| subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF |
| Section 16. | SECURITIES |

(Print or Type Responses)

| 1. Name and Address of Reporting Person *Holveck David | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer |
| :---: | :---: | :---: |
|  | ENDO HEALTH SOLUTIONS INC. [ENDP] | (Check all applicable) |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | $\begin{aligned} & \text { X_Director } \\ & \text { X_O Officer (give title }_{\text {below) }} \text { 10\% Owner } \\ & \text { Other (specify } \end{aligned}$ |
| C/O ENDO HEALTH SOLUTIONS INC., 100 ENDO BOULEVARD | $12 / 31 / 2012$ | below) President \& CEO |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check |
| CHADDS FORD, PA 19317 | Fled(Month/Day/Year) | _X_Form filed by One Reporting Person $\qquad$ Form filed by More than One Reporting Person |



[^0]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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactionerivative | Expiration Date | Underlying Securities |  |
| Security | or Exercise |  | any | (Month/Day/Year) | Code | Securities | (Instr. 8) |
| (Month/Day/Year) | Acquired (A) | (Instr. 3 and 4) |  |  |  |  |  |
| (Instr. 3) | Price of |  |  |  | or Disposed of |  |  |
|  | Derivative |  |  | (D) |  |  |  |
|  | Security |  |  |  | (Instr. 3, 4, |  |  |
|  |  |  |  | and 5) |  |  |  |

Amount

|  |  |  | Amount <br> Date <br> Exercisable | Expiration <br> Date |
| :--- | :--- | :--- | :--- | :--- |
| Code |  |  |  |  | Title (A) (D) | or |
| :--- | :--- | :--- |$\quad$| Number |
| :--- |
| of Share |

2007 Stock
Incentive
Plan (5) 12/31/2012 M

| M | 59,437 <br> $(6)$ <br> () <br> $12 / 31 / 2012$ | (7) | Common | 59,437 |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  | Stock | $\underline{(6)}$ |  |  |

Performance
Shares

## Reporting Owners

Reporting Owner Name / Address

Holveck David
C/O ENDO HEALTH SOLUTIONS INC.
100 ENDO BOULEVARD
CHADDS FORD, PA 19317

## Signatures

/s/ Caroline B. Manogue, by power of attorney
$\stackrel{\text { ** }}{ }$ Signature of Reporting Person
01/03/2013
Director 10\% Owner Officer Other
(3) These shares represent stock withheld by the issuer to satisfy tax withholding obligations on shares acquired upon vesting of performance shares.
(4) Represents the value of shares withheld by the Company to cover tax withholding obligations.
(5) At the conclusion of the cumulative 3-year performance period, the performance shares vest and are converted into a determinable quantity of shares of common stock upon the Company achieving certain financial targets.

Represents target quantity of shares issuable. The exact number of shares issued is determined based on achievement of certain company
(6) performance targets over a cumulative 3-year period, as determined by the Compensation Committee of the Board of Directors of Endo Health Solutions Inc. The executive earns between $0 \%$ and $200 \%$ of the target shares.
(7) There is no expiration date for performance shares.
(8) These securities were granted to Mr. Holveck in consideration of his services as the President \& Chief Executive Officer of Endo Health Solutions 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.


[^0]:    Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

