

ENDO HEALTH SOLUTIONS INC.
Form 4
July 10, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Farhat Camille

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)
C/O AMERICAN MEDICAL SYSTEMS, 10700 BREN ROAD WEST

3. Date of Earliest Transaction (Month/Day/Year)
07/01/2013

____ Director
 Officer (give title below)
____ 10% Owner
____ Other (specify below)
President, AMS, Inc.

(Street)
MINNETONKA, MN 55343

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

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
2010 Stock Incentive Plan Performance Shares ⁽¹⁾	07/01/2013	07/08/2013 ⁽²⁾	A	(A) or (D) Code V Amount (D) Price 7,296 ⁽³⁾	A ⁽⁴⁾ 7,296 ⁽³⁾	D	

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

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SEC 1474 (9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Beneficially (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Farhat Camille C/O AMERICAN MEDICAL SYSTEMS 10700 BREN ROAD WEST MINNETONKA, MN 55343			President, AMS, Inc.	

Signatures

/s/ Caroline B. Manogue, by power of attorney 07/10/2013

__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).
- (1) The performance shares vest upon the Company achieving certain shareholder return targets over a cumulative 3-year period.
- (2) The deemed execution date represents the date on which the reporting person was notified of the number of performance shares granted on July 1, 2013. Accordingly, pursuant to Rule 16a-3(g)(3), the deemed execution date was July 8, 2013.
Represents target quantity of shares issuable. The exact number of shares issuable will be determined on achievement of certain
- (3) shareholder return targets over a cumulative 3-year period, as determined by the Board of Directors of Endo Health Solutions Inc. The executive can earn between 0% and 300% of the target shares.
- (4) These securities were granted to Mr. Farhat in consideration of his services as President of American Medical Systems, a subsidiary 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.