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ADVANCED MEDICAL OPTICS INC Form 5 February 07, 2006

FORM	5				OMB AF	PROV	AL
	UNIT	ED STATES	S SECURITIES AND EXCHANGE (COMMISSION	OMB Number:	3235	-0362
Check this b no longer su		Washington, D.C. 20549					ary 31,
to Section 10 Form 4 or Fo 5 obligations may continu	5. orm A s e.	NNUAL ST	CATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Estimated average burden hours per response		2005 1.0	
See Instructi 1(b). Form 3 Holo Reported Form 4 Transactions Reported	Filed ^{lings} Section	17(a) of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act o of the Investment Company Act of 194	f 1935 or Section	1		
1. Name and Ad MEZA FRAN	•	ting Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol ADVANCED MEDICAL OPTICS INC [EYE]	5. Relationship of I Issuer (Check	Reporting Pers		
(Last) C/O ADVAN OPTICS, INC ANDREW PI	C., 1700 E		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005	Director X Officer (give below) Sr. V.P		Owner r (specify rces	7
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	int/Group Repo	orting	
SANTA ANA	A, CA 92	2705		_X_ Form Filed by C Form Filed by M			

(City)	(State)	(Zip) Tab	le I - Non-Dei	rivative Se	ecuriti	es Acqu	uired, Disposed o	of, or Beneficia	lly 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. Secur Acquired Disposed (Instr. 3, Amount	d (A) of d of (E , 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/31/2005	Â	G	2,106	D	\$0	1,672.2102 (1)	D	Â
Common Stock	12/31/2005	Â	G	2,106	А	\$0	2,106	Ι	By Family Trust
Common Stock	Â	Â	Â	Â	Â	Â	686.9456	I	By 401(k) Trust (as of 12/31/05)

Person

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

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. SEC 2270 (9-02)

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.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	3 and 4)		В
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
MEZA FRANCINE D C/O ADVANCED MEDICAL OPTICS, INC. 1700 E. ST. ANDREW PLACE SANTA ANA, CA 92705	Â	Â	Sr. V.P Human Resources	Â				
Signatures								
Francine D. Meza by Aimee S. Weisner, Attorney-in-Fact		02/07/2006						
**Signature of Reporting Person		D	Date					
Evaluation of Decreases	_							

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) Includes an aggregate of 1,672.2102 shares acquired under the Advanced Medical Optics, Inc. Employee Stock Purchase Plan through December 31, 2005.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.