## Edgar Filing: ADVANCED MEDICAL OPTICS INC - Form 3

#### ADVANCED MEDICAL OPTICS INC Form 3 December 06, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

# **INITIAL STATEMENT OF 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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

#### (Print or Type Responses)

1. Name and Address of Reporting

Person <u>*</u> Morfit G Mason			Statement (Month/Day/Year)	ADVANCED MEDICAL OPTICS INC [EYE]					
(Last)	(First)	(Middle)	12/04/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
435 PACIFI FLOOR	IC AVENU	JE, 4TH		(Check all applicable)					
	(Street)			X Directo Officer (give title belo	Officer Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
SAN FRANCISC	CO, CAÂ	94133					Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I -	Non-Deriva	tive Securiti	es Be	neficially Owned		
1.Title of Secu (Instr. 4)	ırity		2. Amount Beneficiall (Instr. 4)	of Securities ly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	1		
Reminder: Rep owned directly	or indirectly Perso inform requi	ons who res nation cont red to respo	ach class of securities benef spond to the collection o ained in this form are n ond unless the form dis MB control number.	of	SEC 1473 (7-02	)			

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	, ,	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships						
I B B B B B B B B B B B B B B B B B B B		ctor 10%	Owner	Officer	Other			
Morfit G Mason 435 PACIFIC AVENUE 4TH FLOOR SAN FRANCISCO, CAÂ		X.	Â	Â	Â			
Signatures								
/s/ G. Mason 1 Morfit	2/06/2007							
**Signature of Reporting Person	Date							

# **Explanation of Responses:**

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.