STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

LEVIN ALAN G Form 4

November 19, 2012

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

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average burden hours per 0.5

response...

Expires:

if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

LEVIN ALAN G	2. Issuer Name and Ticker or Trading Symbol ENDO HEALTH SOLUTIONS INC. [ENDP]	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O ENDO HEALTH SOLUTIONS INC., 100 ENDO BOULEVARD	3. Date of Earliest Transaction (Month/Day/Year) 11/15/2012	Director 10% Owner Sofficer (give title Other (specify below) below) EVP, Chief Financial Officer			
(Street)	4 If Amendment Date Original	6 Individual or Joint/Group Filing/Check			

Filed(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

CHADDS FORD, PA 19317

(City)	(State) (Zip) Table	e I - Non-D	erivative (Secur	ities Acq	uired, Disposed of	f, or Beneficiall	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		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)	
Common			Code V	Amount	(D)	Price	(mstr. 5 tild 1)		
Stock, par value, \$.01 per share	11/15/2012		M	9,954	A	\$ 20.09	18,131	D	

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

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.

Edgar Filing: LEVIN ALAN G - Form 4

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. Transactic Code (Instr. 8)	5. Number on 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
2007 Stock Incentive Plan Stock Options (ISO)	\$ 20.09	11/15/2012		M	9,954	<u>(1)</u>	07/28/2019	Common Stock	9,954

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LEVIN ALAN G C/O ENDO HEALTH SOLUTIONS INC. 100 ENDO BOULEVARD CHADDS FORD, PA 19317

EVP, Chief Financial Officer

Signatures

/s/ Caroline B. Manogue, by Power of Attorney 11/19/2012

**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) Mr. Levin's 19,910 incentive stock options granted under the 2007 Stock Incentive Plan on July 28, 2009, are generally exercisable 25% per year on each of July 28, 2010, July 28, 2011, July 28, 2012 and July 28, 2013.

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.

Reporting Owners 2