Edgar Filing: Hutson Nancy J - Form 4

Form 4											
FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir	Section 16.SECURITIESForm 4 orForm 5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionsee Instruction30(h) of the Investment Company Act of 1940						Number: 3235-028 Number: January 3' Expires: 200 Estimated average burden hours per response 0.				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Hutson Nancy J			2. Issuer Name and Ticker or Trading Symbol ENDO HEALTH SOLUTIONS INC. [ENDP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) (1 HEALTH SOLU TWATER DRI		3. Date of I (Month/Da 03/12/20	-	nsaction			X Director Officer (give below)	title $\frac{10\%}{\text{below}}$ Other	o Owner er (specify	
				Amendment, Date Original d(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			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acc	Person uired, Disposed o	f or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Date 2A. Deemed fear) Execution Date, if any		3. Transactio Code (Instr. 8)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
2010 Stock Incentive Plan Restricted Stock Units (RSU) (1) (2)	03/12/2013			A	6,515		Price (<u>3</u>)	6,515	D		

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

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number.

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. Transacti Code (Instr. 8)	5. ofNumber 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)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hutson Nancy J C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355	Х							
Signatures								
/s/ Caroline B. Manogue, by Power of Attorney		03/14/2013						
**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).

Upon the vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health(1) Solutions Inc. unless the director has elected to defer receipt of the vested shares under the Endo Health Solutions Inc. Directors Deferred Compensation Plan.

These restricted stock units (RSUs) generally vest 100% on March 12, 2014. Upon vesting, we consider the underlying RSUs to be
(2) expired. Pursuant to the Endo Health Solutions Inc. Directors Deferred Compensation Plan, on December 3, 2012, Dr. Hutson elected to defer receipt of these RSUs.

(3) These securities were granted to Dr. Hutson in consideration of her services on the Endo Health Solutions Inc. Board of Directors.

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.