## Pearson J. Michael Form 3 September 29, 2010 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number:

## 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

(Print or Type Responses)

| 1. Name and A<br>Person <u>*</u><br>Pearson                                                                                                                                                                                                                                                                    |                | porting  | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)<br>09/28/2010 |                                                           | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Valeant Pharmaceuticals International, Inc. [VRX]  |                                                                            |                                                                                                                               |                              |                                                             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|--|--|--|
| (Last)<br>1750 MISS                                                                                                                                                                                                                                                                                            | (First)        | (Middle) |                                                                           |                                                           | 4. Relationship of Reporting Person(s) to Issuer                                                         |                                                                            |                                                                                                                               |                              | ndment, Date Original<br>nth/Day/Year)                      |  |  |  |
| 1750 11155                                                                                                                                                                                                                                                                                                     | (Street)       | KUAD     |                                                                           |                                                           | (Check all applicable)                                                                                   |                                                                            |                                                                                                                               | 6. Individual or Joint/Group |                                                             |  |  |  |
| MISSISSA<br>8M5                                                                                                                                                                                                                                                                                                |                | L5N      |                                                                           |                                                           | X Director 10% Owner<br>X Officer Other<br>(give title below) (specify below)<br>Chief Executive Officer |                                                                            | Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |                              |                                                             |  |  |  |
| (City)                                                                                                                                                                                                                                                                                                         | (State)        | (Zip)    | Tal                                                                       | Table I - Non-Derivative Securities Beneficially Owned    |                                                                                                          |                                                                            |                                                                                                                               |                              |                                                             |  |  |  |
| 1.Title of Security<br>(Instr. 4)                                                                                                                                                                                                                                                                              |                |          | Ber                                                                       | 2. Amount of Securiti<br>Beneficially Owned<br>(Instr. 4) |                                                                                                          | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | OwnershipOwnershipForm:(Instr. 5)Direct (D)or IndirectI)(D)                                                                   |                              | irect Beneficial                                            |  |  |  |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)                                                                                                                                                                                    |                |          |                                                                           |                                                           |                                                                                                          |                                                                            |                                                                                                                               |                              |                                                             |  |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number.<br>Table II - Derivative Securities Beneficially Owned ( <i>e.g.</i> , puts, calls, warrants, options, convertible securities) |                |          |                                                                           |                                                           |                                                                                                          |                                                                            |                                                                                                                               |                              |                                                             |  |  |  |
| 1. Title of Der<br>(Instr. 4)                                                                                                                                                                                                                                                                                  | ivative Securi | Expi     | ate Exercisable and<br>ration Date<br><sub>v/Day/Year</sub> )             | Securitie                                                 | and Amount o<br>es Underlying<br>ive Security                                                            | f 4.<br>Conversio<br>or Exerci                                             |                                                                                                                               | Wnership<br>orm of           | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |

(Instr. 4)

Title

Expiration

Date

Date

Exercisable

Derivative

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Price of Derivative

Security

Amount or

Number of

Shares

OMB APPROVAL

Expires:

response...

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                  | Relationships |           |                         |       |  |  |  |  |
|------------------------------------------------------------------------|---------------|-----------|-------------------------|-------|--|--|--|--|
|                                                                        | Director      | 10% Owner | Officer                 | Other |  |  |  |  |
| Pearson J. Michael<br>1750 MISSISSAUGA ROAD<br>MISSISSAUGA, A6 L5N 8M5 | ÂX            | Â         | Chief Executive Officer | Â     |  |  |  |  |
| Signatures                                                             |               |           |                         |       |  |  |  |  |
| By: Angie Palmer For: J. Michael<br>Pearson                            |               | 10        |                         |       |  |  |  |  |
| **Signature of Reporting Person                                        |               | Date      |                         |       |  |  |  |  |
| Explanation of Responses:                                              |               |           |                         |       |  |  |  |  |

## **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.