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Stolz Brian Form 4										
August 11, 2	_								OMB AF	PROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check the check	ger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31,
subject t Section Form 4	To STATEN 16. or									2005 iverage rs per 0.5
Form 5 obligation may corn See Insta 1(b).	ons Section 170	(a) of the l	Public U	tility Hol	ding Co	mpar	•	Act of 1934, 1935 or Section)	I	
(Print or Type	Responses)									
1. Name and . Stolz Brian						5. Relationship of Reporting Person(s) to Issuer				
		tional, Ind		I		(Check all applicable)				
(Last)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner X Officer (give title Other (specify				
INTERNA	T PHARMACEU' TIONAL,IN, 715 UGA ROAD		08/09/2	-				below) EVP, Admin	below) nistration and (CHCO
	Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MISSISSA	UGA, A6 L5N 81	M5						Form filed by Me Person		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Date, if Transactionor Disposed Code (Instr. 3, 4 a ay/Year) (Instr. 8)			sed of	(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndiForm:BenDirect (D)Own	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(111501.4)	
Common Stock, no par value	08/09/2011			Р	750	A	\$ 39.1006	750	D	
Common Stock, no par value	08/11/2011			Р	1,800	A	\$ 39.2089 (1)	2,550	D	

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

CHCO

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Expiration Date Month/Day/Year)		te and unt of rtying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
	Reporting	g Owner Name / Add	lress	Director	10% Owner	Relat Officer	tionships			Other	
		IACEUTICALS IN				EVP,	Administra	ation	and		

VALEANT PHARMACEUTICA INTERNATIONAL,IN 7150 MISSISSAUGA ROAD MISSISSAUGA, A6 L5N 8M5

Signatures

by: Nicholas Zanoni for Brian Stolz 08/11/2011

<u>**</u>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).

The price reported is a weighted average price. These shares were purchased in multiple transactions. The reporting person undertakes to(1) provide to the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

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.