Edgar Filing: DE SILVA RAJIV - Form 4/A

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Form 4/A											
August 16, 2	1	D STATES	SFCUR	ITIFS A	ND FYC	ΗΛΝ	ICF (COMMISSION		PPROVAL	
	UNITE	DSIAILO			D.C. 205		IGE (2011111551014	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section	7(a) of the	Public Ut	ility Hold		pany	Act of	e Act of 1934, f 1935 or Section 40	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> DE SILVA RAJIV			2. Issuer Name and Ticker or Trading Symbol Valeant Pharmaceuticals				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			International, Inc. [VRX]								
(Last) (First) (Middle) 7150 MISSISSAUGA ROAD			3. Date of Earliest Transaction (Month/Day/Year) 07/25/2011					Director 10% Owner X Officer (give title Other (specify below) below) President & COO			
File			Filed(Mon	4. If Amendment, Date Original Filed(Month/Day/Year) 07/27/2011				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MISSISSAU	JGA, A6 L5N	8M5						Form filed by M Person	fore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative So	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, no par value	07/25/2011			А	$\frac{14,840}{(1)} \underbrace{(2)}_{(3)} \underbrace{(3)}_{(3)}$	А	\$0	235,578 <u>(4)</u> <u>(5)</u>	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DE SILVA RAJIV 7150 MISSISSAUGA ROAD MISSISSAUGA, A6 L5N8M5			President &	& COO				
Signatures								
by: Nicholas Zanoni for Rajiv I Silva	08/16/2011							
<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).

Represents Restricted Share Units received under an employee Share Matching Program ("Matching RSUs") in connection with the (1) officer's purchase of Company common stock. Each Matching RSU represents a contingent right to receive one share of common stock, no par value, of Valeant Pharmaceuticals International, Inc.

- (2) Previously reported 51,644, in error, in Table 1.
- 1/3 of the Matching RSUs will vest each on the first, second and third anniversary of the date of grant subject to contingent employment (3) and retention of the corresponding purchased shares.
- (4) This number includes 76,220 Restricted Share Units and 87,952 Performance Based Share Units that were previously reported in Table I.
- (5) Previously reported 272,382, in error, in Table 1.

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.