### Edgar Filing: Mayer Christine - Form 4

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July 07, 201	10										
FORM		STATES	SECU	DITIFS A	ND FY	CHANCE		т	PPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549								Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIA					TCIAL O	WNFRSHIP OF	Expires:	January 31, 2005			
Section	subject to Section 16. SECURITIES Form 4 or					ICIAL O		Estimated burden hou response	urs per		
Form 5 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 1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Mayer Christine			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			BIOVAIL Corp [BVF]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner				
	AIL ATION, 7150 .UGA ROAD		07/05/2	-			X Officer (giv below) SVP, BTA	ve title Oth below) A Pharmaceutica	ner (specify als, Inc.		
	(Street)		4. If Am	endment, Da	ate Origin	al	6. Individual or .	Ioint/Group Fili	ng(Check		
			Filed(Mo	onth/Day/Year	r)		Applicable Line) _X_ Form filed by				
MISSISSA	UGA, A6 L5N 81	M5					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transaction Code (Instr. 8)	Disposed	(A) or of (D) 4 and 5) (A)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	ricially ow	ned directly	or indirectly.				
					inforı requi	nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible :	Beneficially Owned securities)	I			
1. Title of Derivative		nsaction Dat th/Day/Year			4. f Transa		ber 6. Date Exercisa Expiration Date		7. Title and Amount of 8 Underlying Securities D		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Share Units	<u>(1)</u>	07/05/2010		A <u>(2)</u>	38	03/12/2011	03/12/2011	Common Stock, no par value	38
Restricted Share Units	<u>(1)</u>	07/05/2010		A <u>(2)</u>	33	02/25/2012	02/25/2012	Common Stock, no par value	33
Restricted Share Units	<u>(1)</u>	07/05/2010		A <u>(2)</u>	256	08/05/2014	08/05/2014	Common Stock, no par value	256
Restricted Share Units	<u>(1)</u>	07/05/2010		A <u>(2)</u>	35	02/17/2013	02/17/2013	Common Stock, no par value	35

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Mayer Christine C/O BIOVAIL CORPORATION 7150 MISSISSAUGA ROAD MISSISSAUGA, A6 L5N 8M5			SVP, BTA Pharmaceuticals, Inc.				
Signatures							
/s/ Angie Palmer, by Power-of-Attorney	07/0	07/2010					

# **Explanation of Responses:**

\*\*Signature of Reporting Person

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). \*\*

Date

Each Restricted Share Unit represents a contingent right to receive one share of Common Stock, no par value, of Biovail Corporation (the (1)"Common Stock").

(2) Represents dividend equivalents accrued on Restricted Share Units as a result of a dividend paid on the Common Stock on July 5, 2010. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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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.