### Edgar Filing: ENDO HEALTH SOLUTIONS INC. - Form 3

#### ENDO HEALTH SOLUTIONS INC.

Form 3

October 02, 2013

### FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...

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)

Name and Address of Reporting Person *  Upadhyay Suketu			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ENDO HEALTH SOLUTIONS INC. [ENDP]				
(Last)	(First)	(Middle)	09/23/201	3	4. Relationship of Reporting Person(s) to Issuer		ţ	5. If Amendment, Date Origi Filed(Month/Day/Year)	
C/O ENDO HEALTH SOLUTIONS INC., 1400 ATWATER DRIVE (Street)  MALVERN, PA 19355					(Check all ap  DirectorX_ Officer (give title below) (sp EVP, Chief Fina		6. Individual or Joint/Group		
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
2010 Stock Incentive Plan Restricted Stock Units (RSU) (1) (2)				15,418 <u>(3)</u>	15,418 <u>(3)</u>		Â		
2010 Stock Incentive Plan Performance Shares (4)				15,418 <u>(3)</u> <u>(5)</u>		D	Â		
Reminder: Rep			ach class of sec	curities benefic	ially	SEC 1473 (7-02	<u>?</u> )		
	infor	mation cont	ained in this	collection of form are not ne form displ					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

**Expiration Date** (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

Ownership Form of Derivative

Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Expiration Date Exercisable Date

Amount or Title Number of

Shares

Direct (D) or Indirect (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

Other

Upadhyay Suketu C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PAÂ 19355

EVP, Chief Financial Officer Â

## **Signatures**

/s/ Caroline B. Manogue, by power of attorney

10/02/2013

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- 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).
- Upon each vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health **(1)** Solutions Inc.
- These restricted stock units (RSUs) generally vest 33-1/3% on each of September 24, 2014, September 24, 2015 and September 24, 2016. **(2)** Upon vesting, we consider the underlying RSUs to be expired.
- These securities were granted to Mr. Upadhyay in connection with his commencement of employment in consideration of his anticipated (3) services as the Executive Vice President and Chief Financial Officer of Endo Health Solutions Inc.
- These performance shares vest on September 24, 2016 upon the Company achieving certain shareholder return targets over the period beginning on September 24, 2013 and ending on September 24, 2016.

Represents target quantity of shares issuable. The exact number of shares issuable will be determined on achievement of certain (5) shareholder return targets over a cumulative 3-year period, as determined by the Board of Directors of Endo Health Solutions Inc. Mr. Upadhyay can earn between 0% and 300% of the target shares.

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.

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