PERRIGO CO

February 27, 2006

Form 3

| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | OMB APPROVAL | | | | |
|--|---|----------------------------------|--|----------------------------|----------------------|----------------------------------|------------|--|
| | | | | Number: | 3235-0104 | | | |
| INITIAL STATEMENT OF BENEFICIAL OW | | | WNERSHIP OF | | Expires: | January 31, 2005 | | |
| | SECURITIES | | | | Estimated a | verage | | |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | burden hour response | s per 0.5 | | | |
| Section 1 | 7(a) of the Public U | | | | 5 or Section | n | | |
| | 30(h) of the I | nvestment C | Company Ac | t of 1940 | | | | |
| (Print or Type Responses) | | | | | | | | |
| 1. Name and Address of Reportin | | ent Requiring | g 3. Issuer Name and Ticker or Trading Symbol | | | | | |
| Person <u>*</u> Gottfried Ran | | Statement PE (Month/Day/Year) | | PERRIGO CO [PRGO] | | | | |
| | (include) 02/27/2000 | | 4. Relationship of Reporting | | 5 If | 5. If Amendment, Date Original | | |
| | | | | Person(s) to Issuer | | Filed(Month/Day/Year) | | |
| C/O PERRIGO COMPANY, 515 EASTI | CDN | | (Check | all applicable) | | | | |
| AVENUE | EKIN | | (chicon | an approacto) | | | | |
| (Street) | | | X_ Directo | r 10% C | | lividual or Joint | /Group | |
| | | | (give title below | w) (specify belo | ^{w)} Filing | g(Check Applicab | ole Line) | |
| ALLEGAN, MI 49010 | | | | | _X_ F Persor | Form filed by One n | Reporting | |
| ALLEOAN,A MIA 49010 | | | | | | orm filed by More ting Person | e than One | |
| (City) (State) (| (Zip) | Table I - N | Non-Derivat | tive Securition | * | • | | |
| 1.Title of Security | | 2. Amount of | | | | ature of Indirect Beneficial | | |
| (Instr. 4) | | Beneficially Owned (Instr. 4) | | OwnershipOwnerForm:(Instr. | | • | | |
| | | | | Direct (D) | | | | |
| | | | | or Indirect (I) | | | | |
| | | | | (Instr. 5) | | | | |
| Common Stock | | 0 | | D | Â | | | |
| Reminder: Report on a separate l owned directly or indirectly. | ine for each class of sec | curities benefic | ^{ially} S | SEC 1473 (7-02) |) | | | |
| information required t | who respond to the o on contained in this to respond unless th valid OMB control n | form are not the form displ | t | | | | | |
| Table II - Derivat | ive Securities Benefici | ally Owned (e | .g., puts, calls. | , warrants, opt | ions, conver | tible securities) |) | |
| | | | | | | | | |

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

Edgar Filing: PERRIGO CO - Form 3

| Date | Expiration | Title | Amount or | Security | Direct (D) |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date | | Number of | | or Indirect |
| | | | Shares | | (I) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Add | ress | Relationships | | | | | |
|--|------------|---------------|---------|-------|--|--|--|
| | | 10% Owner | Officer | Other | | | |
| Gottfried Ran C/O PERRIGO COMPAN 515 EASTERN AVENUE ALLEGAN, MI 49010 | Y ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| Ran Gottfried | 02/27/2006 | | | | | | |
| <u>**</u> 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).

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.