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Spengler Will Form 4										
March 14, 2013 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe	r						Expires:	January 31, 2005		
subject to Section 16 Form 4 or Form 5	SIAIEMI		SECURI	TIES		NERSHIP OF e Act of 1934,	Estimated a burden hou response	average		
obligations may contin <i>See</i> Instruc 1(b).	Section 17(a)	of the Public	· /	ng Com	pany /	Act of	f 1935 or Section	n		
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> Spengler William			2. Issuer Name and Ticker or Trading Symbol ENDO HEALTH SOLUTIONS INC. [ENDP]				5. Relationship of Reporting Person(s) to Issuer . (Check all applicable)			
(Last) (First) (Middle) C/O ENDO HEALTH SOLUTIONS INC., 1400 ATWATER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/12/2013				X_ Director10% Owner Officer (give titleOther (specify below)Other (specify			
	If Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MALVERN,	PA 19355						Person		r*******	
(City)	(State) (Z	ip)	fable I - Non-De	rivative S	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. 1 Exec any (Month/Day/Year)		Execution Dat any	Code	 4. Securities tionAcquired (A) or Disposed of (D)) (Instr. 3, 4 and 5) (A) 			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
2010 Stock Incentive			Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Plan Restricted Stock Units (RSU) (1) (2)	03/12/2013		A	6,515	A	<u>(3)</u>	6,515	D		

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

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number.

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)	4. Transactid Code (Instr. 8)	Securities Acquired (A) or Disposed of (D)	Expiration D (Month/Day/ e s	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				(Instr. 3, 4, and 5)				Amount		
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares		
Repo	rting O	wners								

er

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			
Spengler William C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355	Х						
Signatures							
/s/ Caroline B. Manogue, by Power of Attorney		03/14/2013					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Response	es:						

-xpialialion of nesponses.

- * 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).

Upon the vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health (1) Solutions Inc. unless the director has elected to defer receipt of the vested shares under the Endo Health Solutions Inc. Directors Deferred Compensation Plan.

These restricted stock units (RSUs) generally vest 100% on March 12, 2014. Upon vesting, we consider the underlying RSUs to be (2) expired. Pursuant to the Endo Health Solutions Inc. Directors Deferred Compensation Plan, on December 4, 2012, Mr. Spengler elected to defer receipt of these RSUs.

(3) These securities were granted to Mr. Spengler in consideration of his services on the Endo Health Solutions Inc. Board of Directors.

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.