Edgar Filing: HUGIN ROBERT J - Form 4

| HUGIN ROP | BERT J | | | | | | | | | | |
|--------------------------------------|--|------------|--------------------------------------|--|--|-----------|---|--|--|----------------|--|
| Form 4 | | | | | | | | | | | |
| April 18, 201 | 13 | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES | | RITIES Al shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi | | | | | | | | | Expires: | January 31, | |
| subject to | subject to STATEMENT OF CHANG | | | | GES IN BENEFICIAL OWNERSHIP | | | | • | 2005 Verage | |
| Section 1 | | SECURITIES | | | | | | Estimated average burden hours per | | | |
| Form 4 or | | | | | | | | | response 0 | | |
| Form 5 obligation | . | | | | | | - | e Act of 1934, | | | |
| may cont | | | | • | • | · · | | 1935 or Sectior | 1 | | |
| See Instru | uction | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | .0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| (interest spect | (coponses) | | | | | | | | | | |
| HUGIN ROBERT J Symbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | MEDIC | CINES CO /DE [MDCO] | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check an applicable) | | | |
| (Mon | | | | Month/Day/Year) | | | | _X_ Director | 10% | Owner | |
| | | | 04/16/2013 | | | | | Officer (give titleOther (specify below) | | | |
| | | | 4. If Ame | f Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | | | Filed(Mor | ed(Month/Day/Year) | | | | | | | |
| PARSIPPA | NY, NJ 07054 | | | | | | | _X_ Form filed by O Form filed by M Person | | | |
| (City) | (State) | (Zip) | | | • • | a | •.• | | | | |
| | | - | | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit n(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Drico | (Instr. 3 and 4) | | | |
| Common | 04/16/2013 | | | Code V M | Amount 1,667 | (D) A | Price \$ | 46,000 | D | | |
| Stock | | | | | | | 17.19 | | | | |

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)

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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. Number of Derivat Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5) | ive Expiration (Month/Da | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|-----------------------------|--|-----------------|---|--|
| | | | | Code V | (A) (D |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option (Right to Buy) | \$ 17.19 | 04/16/2013 | | М | 1,6 | 57 <u>(1)</u> | 04/22/2013 | Common Stock | 1,667 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | | |
|--|----------|------------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| HUGIN ROBERT J 8 SYLVAN WAY PARSIPPANY, NJ 07054 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Paul M. Antinori, as Attorne Hugin | | 04/18/2013 | | | | | |
| <u>**</u> Signature of Reporti | | Date | | | | | |
| Explanation of Posponsos: | | | | | | | |

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).

(1) As of 4/16/2013, the original grant (20,000 shares granted on 4/22/2003) was fully vested.

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.