

ADVANCED MEDICAL OPTICS INC
 Form 3
 April 10, 2006

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,
 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)

1. Name and Address of Reporting Person * Â BORRMANN LEONARD R (Last) (First) (Middle) C/O ADVANCED MEDICAL OPTICS, INC., Â 1700 E. ST. ANDREW PLACE (Street) SANTA ANA, Â CA Â 92705 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/10/2006	3. Issuer Name and Ticker or Trading Symbol ADVANCED MEDICAL OPTICS INC [EYE]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Senior Vice President, R & D	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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)
Common Stock	213.9886 ⁽¹⁾	D	Â
Common Stock	556	I	By Trustee of 401(k) Plan of former employer

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

SEC 1473 (7-02)

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

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (Right to Buy)	Â (2)	03/01/2014	Common Stock	12,000	\$ 23	D	Â
Employee Stock Option (Right to Buy)	Â (3)	05/20/2014	Common Stock	15,000	\$ 33.72	D	Â
Employee Stock Option (Right to Buy)	Â (4)	05/26/2015	Common Stock	15,300	\$ 38.2	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BORRMANN LEONARD R C/O ADVANCED MEDICAL OPTICS, INC. 1700 E. ST. ANDREW PLACE SANTA ANA, CA 92705	Â	Â	Â Senior Vice President, R & D	Â

Signatures

Leonard R.
Borrmann

04/10/2006

**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).
- (1) Includes an aggregate of 135,9886 shares acquired by the reporting person pursuant to the Advanced Medical Optics, Inc. 2002 Employee Stock Purchase Plan (as amended) as of March 31, 2006.
- (2) Nonqualified stock option granted on March 1, 2004, which vests ratably on each of the first four anniversaries of the date of grant, such that the option will be fully vested on March 1, 2008 (provided applicable provisions are complied with).
- (3) Nonqualified stock option granted on May 20, 2004, which vests ratably on each of the first four anniversaries of the date of grant, such that the option will be fully vested on May 20, 2008 (provided applicable provisions are complied with).
- (4) Nonqualified stock option granted on May 26, 2005, which vests ratably on each of the first four anniversaries of the date of grant, such that the option will be fully vested on May 26, 2009 (provided applicable provisions are complied with).

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.