

ENDO PHARMACEUTICALS HOLDINGS INC
 Form 3
 April 02, 2008

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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Holveck David</p> <p>(Last) (First) (Middle)</p> <p>C/O ENDO PHARMACEUTICALS,Â 100 ENDO BOULEVARD</p> <p>(Street)</p> <p>CHADDS FORD,Â PAÂ 19317</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/25/2008</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ENDO PHARMACEUTICALS HOLDINGS INC [ENDP]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President & CEO</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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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)
2007 Stock Incentive Plan Restricted Stock Units (RSUs) ⁽¹⁾	46,088 ⁽²⁾	D	Â

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)

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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
			Title				
2007 Stock Incentive Plan Stock Options ⁽³⁾	Â ⁽⁴⁾	04/01/2018	Common Stock	188,632	\$ 24.41	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Holveck David C/O ENDO PHARMACEUTICALS 100 ENDO BOULEVARD CHADDS FORD, PA 19317	Â X	Â	Â President & CEO	Â

Signatures

/s/ Caroline B. Manogue, by Power of
Attorney

04/02/2008

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).
- These restricted stock units (RSUs) vest over a four-year period, 86.11% on April 1, 2011 and 13.89% on April 1, 2012, in each case provided Mr. Holveck is then employed by the Company, or upon an earlier termination of his employment due to death, Disability, (1) termination of employment by the Company without Cause, or by Mr. Holveck for Good Reason (in each case as such term is defined in his employment agreement). Pursuant to the Endo Pharmaceuticals Holdings Inc. Executive Deferred Compensation Plan, Mr. Holveck has until April 30, 2008 to elect to defer receipt of these RSUs or any portion thereof.
- (2) These securities were granted to Mr. Holveck in consideration of his anticipated services as the President & Chief Executive Officer of Endo Pharmaceuticals Holdings Inc.
- (3) Representing the right to buy Common Stock of Endo Pharmaceuticals Holdings Inc.
- These stock options are exercisable 25% per year on each of April 1, 2009, April 1, 2010, April 1, 2011 and April 1, 2012, provided Mr. (4) Holveck is employed on such dates by the Company, or upon an earlier termination of his employment due to death, Disability, termination of employment by the Company without Cause, or by Mr. Holveck for Good Reason (in each case as such term is defined in his employment agreement).

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.