Edgar Filing: MOYER CHARLES - Form 4

MOYER CHARLES Form 4										
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287	
Section 16. Form 4 or Form 5 File								burden hou response	Lanuary 31Expires:2009Estimated averageburden hours perresponse0.8	
(Print or Type Responses)										
1. Name and Address of Rep MOYER CHARLES	2. Issuer Name and Ticker or Trading Symbol KING PHARMACEUTICALS INC [KG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) C/O KING PHARMAC INC., 501 FIFTH STRE	3. Date of Earliest (Month/Day/Year 11/30/2008		nsaction			_X_Director10% Owner Officer (give titleOther (specify below) below)				
(Street)	4. If Amendment, Filed(Month/Day/Y	ndment, Date Original th/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 				
BRISTOL, TN 37620 (City) (State)	(Zip)						Person			
1.Title of 2. Transacti Security (Month/Day (Instr. 3)	on Date 2A. Deer //Year) Executio any	med 3. on Date, if Transa Code Day/Year) (Instr.	actio 8)	4. Securi nAcquirec Disposec (Instr. 3, Amount	ties l (A) o l of (D	or))	quired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	f, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common 11/30/200 Stock)8	G	V	1,000	D	\$0	18,554	D		

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MOYER CHARLES C/O KING PHARMACEUTICALS, INC. Х **501 FIFTH STREET** BRISTOL, TN 37620 Signatures /s/ R. Charles 12/02/2008 Moyer **Signature of Date Reporting Person

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).

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.