Edgar Filing: BARR PHARMACEUTICALS INC - Form 4

BARR PHARMACEUTICALS INC

Form 4 October 04, 2005

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN 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

may continue. See Instruction

1(b).

(City)

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HIGGINS CATHERINE Issuer Symbol BARR PHARMACEUTICALS INC (Check all applicable) [BRL] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X_ Officer (give title (Month/Day/Year) below) BARR PHARMACEUTICALS, 10/03/2005 Sr.VP, Human Resources INC., 400 CHESTNUT RIDGE ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

WOODCLIFF LAKE, NJ 07677

(State)

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

X Form filed by One Reporting Person Form filed by More than One Reporting

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit or Dispos (Instr. 3, 4	ed of (4 and 5	` ´	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	10/03/2005		Code V	Amount 13,800	or (D)	Price \$ 10.0489	(Instr. 3 and 4) 51,879	D	
Common Stock	10/03/2005		X	33,729	A	\$ 11.0622	85,608	D	
Common Stock	10/03/2005		X	15,000	A	\$ 24.5645	100,608	D	
Common Stock	10/03/2005		S	62,529	D	\$ 54.084	38,079	D	

OMB APPROVAL

10% Owner Other (specify

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

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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.

SEC 1474 (9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nui of S
Non-Qualified Stock Options	\$ 10.0489	10/03/2005		X	1,256	09/09/1999	09/09/2008	Common Stock	1,
Non-Qualified Stock Options	\$ 10.0489	10/03/2005		X	11,247	09/09/2000	09/09/2008	Common Stock	11
Non-Qualified Stock Options	\$ 10.0489	10/03/2005		X	1,297	09/09/2001	09/09/2008	Common Stock	1,
Non-Qualified Stock Options	\$ 11.0622	10/03/2005		X	33,729	10/24/2001	08/11/2009	Common Stock	33
Non-Qualified Stock Options	\$ 24.5645	10/03/2005		X	15,000	10/24/2001	08/09/2010	Common Stock	15

Reporting Owners

Reporting Owner Name / Address		Keiauonsnips				
	Director	10% Owner	Officer	Other		

HIGGINS CATHERINE BARR PHARMACEUTICALS, INC. 400 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677

Sr.VP, Human Resources

Signatures

S/S William T McKee as Attorney-in-Fact for Catherine F Higgins 10/04/2005

**Signature of Reporting Person Date

Reporting Owners 2

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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.