ALPHARMA INC Form 3 June 29, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

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 <u>*</u> Konzelmann John F			2. Date of Event Re Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ALPHARMA INC [ALO]					
(Last) (I	First)	(Middle)	06/28/2005		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
10 SARGENT ROAD (Street) HOHOKUS, NJ 07423				Director X Officer (give title below			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One 			
(City) (S	State)	(Zip)	Tab	le I - Non-Derivat	,		eporting Po			
1.Title of Security (Instr. 4)			2. Ar	nount of Securities ficially Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		e of Indir	ect Beneficial		
Reminder: Report of owned directly or in	•	e line for ea	ch class of securities	beneficially SI	EC 1473 (7-02))				
Tabl	informa require current	tion conta d to respo ly valid OM	oond to the collect ined in this form a nd unless the form IB control numbe ities Beneficially Ov	are not n displays a	warrants, opti	ions. conv	vertible s	securities)		
1. Title of Derivati (Instr. 4)		2. Da Expir	te Exercisable and ation Date Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		5. on Owne	ership of	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

January 31,

2005

0.5

Expires:

response ...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Add	lress	Relationships					
		10% Owner	Officer	Other			
Konzelmann John F 10 SARGENT ROAD HOHOKUS, NJ 07423	Â	Â	V.P., Controller	Â			
Signatures							
John F. Konzelmann	06/29/2005						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* 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).

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.