**ALLERGAN INC** Form 4

May 01, 2014

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

1(b).

Stock

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Jones Trevor M Issuer Symbol ALLERGAN INC [AGN] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X\_ Director 10% Owner Officer (give title Other (specify 2525 DUPONT DRIVE 04/29/2014 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting **IRVINE, CA 92612** Person (City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common 04/30/2014 F 931 (1) 6,211 <sup>(2)</sup> <sup>(3)</sup> D 165.84

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2.	3. Transaction Date		4.	5. Numbe			7. Title and		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	any	Transaction Code	nof Expiration Date Derivative (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Derivati Security	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4					(Instr. 5
				Code V	and 5) (A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(4)</u>	04/29/2014		A	7.55 (5)	<u>(6)</u>	<u>(6)</u>	Common Stock	7.55	\$ 165.

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer	Other			
Jones Trevor M 2525 DUPONT DRIVE	X						
IRVINE, CA 92612	11						

## **Signatures**

/s/ Matthew J. Maletta, Attorney-in-Fact for Trevor M.
Jones 05/01/2014

\*\*Signature of Reporting Person Date

# **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).
- (1) Represents shares otherwise issuable to the Reporting Person that were withheld to satisfy the Issuer's tax withholding obligation upon settlement of restricted stock units ("RSUs").
- (2) Includes 3,840 shares of the Issuer's common stock underlying the RSUs awarded.
- (3) Includes shares acquired pursuant to dividend equivalent rights attached to RSU previously granted to the Reporting Person.
- (4) Converts to common stock on a 1-for-1 basis.
- (5) Phantom stock units acquired under the Allergan, Inc. Deferred Directors' Fee Program.
- (6) Phantom stock units are to be settled 100% in common stock upon the Reporting Person's retirement as an Allergan, Inc. director.

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.

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