Edgar Filing: Segal Lloyd Mitchell - Form 4

| Segal Lloyd N Form 4 | | | | | | | | | | | |
|--|--|--|---|---|--|-----------|-----------------------|---|--|---|--|
| November 08, FORM | 4 UNITED | 12 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| if no longe subject to Section 16 Form 4 or Form 5 | r STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| obligations may contin <i>See</i> Instruc 1(b). | Section 17(| blic Utility | Jtility Holding Company Act of 1935 or Section nvestment Company Act of 1940 | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| Segal Lloyd Mitchell Symbol Valeant | | | ymbol | er Name and Ticker or Trading t Pharmaceuticals tional, Inc. [VRX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| (Last) 4787 LEVY 5 | | (1 | . Date of Earl Month/Day/Y 1/06/2012 | | ansaction | | | X Director Officer (give t below) | | Owner r (specify | |
| | | | . If Amendme iled(Month/Da | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MONTREAL | L, A8 H4R 2P9 | | | | | | | Form filed by Me Person | ore than One Rep | porting | |
| (City) | (State) | (Zip) | Table I - | Non-D | erivative | Secur | rities Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| | 2. Transaction Date Month/Day/Year) | Transaction Date 2A. Deemed fonth/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securit n(A) or Di (Instr. 3, 4 | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | | | Cod | le V | Amount | or (D) | Price \$ | Transaction(s) (Instr. 3 and 4) | | | |
| | 11/06/2012 | | Р | | 745 | А | 54.437 (<u>1)</u> | 17,609 <u>(2)</u> | 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)

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

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Segal Lloyd Mitchell 4787 LEVY STREET MONTREAL, A8 H4R 2P9 | Х | | | | | | |
| Signatures | | | | | | | |
| by: Nicholas Zanoni for Lloyd Segal | | 11/08/201 | 2 | | | | |

<u>**</u>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) This number represents the weighted average purchase price for all purchases of common stock purchased by the reporting officer.
- (2) This number represents common shares purchased and other equity awards that were previously reported in Table 1.

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.