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MEDICIS PHARMACEUTICAL CORP

Form 3 April 07, 2008

FORM 3

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

OMB APPROVAL

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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 * IPPOLITO VINCENT P			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol MEDICIS PHARMACEUTICAL CORP [MRX]					
(Last)	(First)	(Middle)	04/04/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
8125 N. HA	YDEN RO	OAD		` '			r ned(wondinbay/ rear)		
(Street)			(Check all applicabl)	6. Individual or Joint/Group		
SCOTTSDA	ALE, AZ	85258		Director Officer (give title below EVP, Sal	Othe	ow)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securit	ies Be	eneficially Owned		
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	*		
Common St	ock		22,702 (1)		D	Â			
Reminder: Rep			ach class of securities benefic	ially SI	EC 1473 (7-02	2)			
	inforı requi	mation cont	spond to the collection of ained in this form are not and unless the form displ MB control number						

 $Table\ II\ -\ Derivative\ Securities\ Beneficially\ Owned\ (\textit{e.g.},\ puts,\ calls,\ warrants,\ options,\ convertible\ securities)$

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
			(Instr. 4)	Price		Derivative	(Instr. 5)
	Date	Expiration	Title	Amount or	Derivative	Security:	
	Exercisable	Date		Number of	Security	Direct (D) or Indirect	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (2)	07/31/2004	07/31/2013	Common Stock	40,000	\$ 29.2	D	Â
Employee Stock Option (3)	01/08/2004	01/08/2013	Common Stock	45,000	\$ 25.1	D	Â
Employee Stock Option (4)	07/16/2005	07/16/2014	Common Stock	36,000	\$ 38.45	D	Â
Employee Stock Option (5)	07/21/2006	07/21/2015	Common Stock	15,000	\$ 32.41	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
IPPOLITO VINCENT P 8125 N. HAYDEN ROAD SCOTTSDALE, AZ 85258	Â	Â	EVP, Sales & Marketing	Â		

Signatures

Vincent P.
Ippolito

**Signature of Reporting Person

O4/04/2008

Date

Explanation of Responses:

- * 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).

Includes 2,400 shares from Restricted Stock grant dated 7/21/05 - remaining vesting of 600 shares on 7/21/08, 900 shares on 7/21/10. Includes 2,160 shares from Restricted Stock grant dated 2/07/06 - remaining vesting of 540 shares on 2/07/09, 810

- shares on 2/07/10 and 810 shares on 2/07/11. Includes 4,379 shares from Restricted Stock grant dated 3/07/07 remaining vesting of 486 shares on 3/07/09, 973 shares on 3/07/10, 1,460 shares on 3/07/11 and 1,460 shares on 3/07/12. Includes 12,755 shares from Restricted Stock grant dated 3/05/08 vesting over 5 years beginning on grant date 10% year 1, 10% year 2, 20% year 3, 30% year 4 and 30% year 5.
- (2) NQ Employee Stock Option grant dated 7/31/03. Vesting over 5 years beginning 7/31/04. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.
- (3) NQ Employee Stock Option grant dated 1/08/03. Fully vested.
- (4) NQ Employee Stock Option grant dated 7/16/04. Vesting over 5 years beginning 7/16/05. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.
- NQ Employee Stock Option grant dated 7/21/05. Vesting over 5 years beginning 7/21/06. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.

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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