## Edgar Filing: Scodari Joseph C - Form 4

Form 4	n C										
January 05, 20	010										
<b>FORM</b>	4									PPROVAL	
		RITIES AND EXCHANGE COM shington, D.C. 20549				COMMISSION	OMB Number:	3235-0287			
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Expires: Estimated a burden hou response	ours per			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Scodari Joseph C			2. Issuer Name and Ticker or Trading Symbol ENDO PHARMACEUTICALS HOLDINGS INC [ENDP]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ENDO PHARMACI BOULEVAF	EUTICALS, 10	(Middle) 0 ENDO	3. Date of (Month/Da 12/31/20	-	Insaction			X Director Officer (give below)		o Owner er (specify	
				ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	med	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3,	ties (A) o of (D	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock, par value $01$ per share $(1)$	12/31/2009			A	426	A	$\begin{array}{c} \$ \ 0 \\ \underline{(1)} \end{array}$	10,747 <u>(2)</u>	D		

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

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 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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Scodari Joseph C C/O ENDO PHARMACEUTICALS 100 ENDO BOULEVARD CHADDS FORD, PA 19317	Х						
Signatures							
/s/ Caroline B. Manogue, by Power of Attorney	of 01/05/2010						
**Signature of Reporting Person		Da	te				
E		_					

## **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).

Pursuant to the Endo Pharmaceuticals Directors Stock Election Plan, on December 16, 2008, Mr. Scodari elected to receive 100% of his 2009 cash retainer fees in Endo common stock. At the time that the retainer fees would otherwise have been payable, the number of

- shares of Endo common stock are fixed and are reported as of such date on Table I as an acquisition of securities. These cash retainer fees are payable to Mr. Scodari in consideration of his services on the Endo Pharmaceuticals Holdings Inc. Board of Directors, and the amount reported on this Form represents Mr. Scodari's fourth quarter 2009 retainer fees.
- (2) This number represents (i) 6,136 restricted stock units and (ii) 4,611 shares of common stock. Mr. Scodari's beneficial ownership disclosed in this table excludes all shares held by Mr. Scodari indirectly, including shares underlying stock options.

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.