Edgar Filing: VALEANT PHARMACEUTICALS INTERNATIONAL - Form 4

Form 4	HARMACEUTI	CALS INTH	ERNAT	TIONAL							
April 03, 2000 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	4 UNITED S box er STATEM 5. Filed purs Section 17(a	ENT OF C	Wash CHANG S tion 16(blic Util	ington, ES IN I SECUR (a) of the ity Hold	D.C. 205 BENEFI ITIES Securiti ing Com	3 49 CIAI es Ex pany	L OWN cchange Act of	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type Ro	esponses)										
KOPPES RICHARD Symbol VAL			2. Issuer Name and Ticker or Trading mbol ALEANT PHARMACEUTICALS JTERNATIONAL [VRX]				0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da 3300 HYLAND AVENUE 03/30/20			Ionth/Day	-				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COSTA MES	SA, CA 92626							Form filed by Me Person	ore than One Rep	porting	
(City)	(State) (Zip)	Table l	I - Non-De	erivative S	ecuri	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securi or(A) or Di (Instr. 3, Amount	(A) or	d of (D)	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 Indirect Beneficial Ownership (Instr. 4)	
Dividend Equivalent	03/30/2006			А	104 <u>(1)</u>		\$	628	D		
Rights	05/50/2000			п	104 ()	Л	15.86	020	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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (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			
KOPPES RICHARD 3300 HYLAND AVENUE COSTA MESA, CA 92626	Х						
Signatures							
By: Michelle May For: Richard Koppes	IH.	04/03/2006					

**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).
- The dividend equivalent rights accrued on phantom stock that are subject to all the terms and conditions of the underlying phantom stock (1) to which they relate.

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.