Edgar Filing: VALEANT PHARMACEUTICALS INTERNATIONAL - Form 4

| VALEANT F Form 4 | PHARMACEU | ΓICALS Ι | NTERNA | TIONAL | <u>_</u> | | | | | | |
|--|---|-------------------|--|---|----------------|----------|--|---|---|---------|--|
| April 03, 200 | 6 | | | | | | | | | | |
| | | | | | | | | | OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box | | | | | | | | Expires: | January 31, 2005 | | |
| subject to | subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | ERSHIP OF | Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed pu s Section 17 | (a) of the | | lity Hold | ling Com | pany | Act of | Act of 1934, 1935 or Section) | | 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | | |
| KUGELMAN LARRY Symbol | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol VALEANT PHARMACEUTICALS INTERNATIONAL [VRX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | INTERN | | | | | | | | | | |
| (Last) (First) (Middle) 3. Date of 3300 HYLAND AVENUE 03/30/20 | | | - | | | | _X_ Director10% Owner Officer (give titleOther (specify below) | | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| COSTA ME | SA, CA 92626 | | | | | | | Form filed by M Person | ore than One Rep | porting | |
| (City) | (State) | (Zip) | Table | I - Non-D | erivative S | ecuri | ties Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execut any | ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8) (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 Rights | 03/30/2006 | | | А | 104 <u>(1)</u> | А | ф 15.86 | 628 | 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | (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 | | | |
| KUGELMAN LARRY 3300 HYLAND AVENUE COSTA MESA, CA 92626 | Х | | | | | | |
| Signatures | | | | | | | |
| By: Michelle May For: Larry N Kugelman | Ι. | 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).
- (1) The dividend equivalent rights accrued on phantom stock that are subject to all the terms and conditions of the underlying phantom stock 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.