#### Edgar Filing: INDEVUS PHARMACEUTICALS INC - Form 4

#### INDEVUS PHARMACEUTICALS INC

Form 4

March 12, 2008

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

Security

(Instr. 3)

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(First)

MORLEY CHERYL P

2. Issuer Name and Ticker or Trading

Symbol

INDEVUS PHARMACEUTICALS

INC [IDEV]

(Month/Day/Year)

03/11/2008

INDEVUS PHARMACEUTICALS, INC., 33 HAYDEN AVENUE

(Middle)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

3. Date of Earliest Transaction

Applicable Line) \_X\_ Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

below)

X\_ Director

Officer (give title

LEXINGTON, MA 02421

(State) (Zip) (City) 1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

3. (Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A)

or

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

Indirect Ownership (Instr. 4)

10% Owner

Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8. Pr **Underlying Securities** 

1

### Edgar Filing: INDEVUS PHARMACEUTICALS INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(A) ed of	(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	(A)	(D) Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	\$ 0	03/11/2008		A	10,000		<u>(1)</u>	<u>(1)</u>	Common Stock	10,000	9

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MORLEY CHERYL P INDEVUS PHARMACEUTICALS, INC. 33 HAYDEN AVENUE LEXINGTON, MA 02421



## **Signatures**

CHERYL P MORLEY

03/12/2008

\*\*Signature of Date
Reporting Person

### **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).

Grant of 10,000 deferred stock units (DSUs) under the Company's 2004 Equity Incentive Plan. Each DSU represents a right to receive one share of Indevus common stock. The grant vests in three equal annual increments on March 11, 2009, 2010 and 2011. Upon the earlier of the recipient's retirement from the Board of Directors of the Company or five (5) years from the date of grant, any DSUs that are vested and have not terminated are converted into common stock and distributed to the recipient, unless further deferred by the recipient.

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.

Reporting Owners 2