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ALLERGAN II Form 4	NC										
July 02, 2013	_										
FORM 4	4 UNITED	STATES	SECU	DITIES		VCIIA	NCL	E COMMISSION	т	PPROVA	L
	UNITED	SIAIES		shington			NGE		N OMB Number:	3235-0	
Check this b if no longer subject to Section 16. Form 4 or Form 5		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou	Expires: January 3 200 Estimated average burden hours per response 0.		
obligations may continu <i>See</i> Instructi 1(b).	e. Section 170	(a) of the l	Public U	. ,	lding C	ompany	y Act	nge Act of 1934, a of 1935 or Section 1940	on		
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> Jones Trevor M			2. Issuer Name and Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
			ALLERGAN INC [AGN]					(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director 10% Owner					
2525 DUPONT DRIVE			07/01/2013				Officer (give title Other (specify below) below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
IRVINE, CA 9	2612							Person		1 8	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivati	ve Secur	ities A	Acquired, Disposed	of, or Beneficia	lly Owned	l
	Transaction Date onth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Dispose (Instr. 3	ed (A) or ed of (D) 3, 4 and 5 (A) or) 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownershi (Instr. 4)	1
Reminder: Report	on a separate line	a for each a	ass of sec	Code V			Price				
Kenninger, Kepült			435 01 500	unities belle	Pers info requ disp	sons wi ormatior uired to	ho res n con resp	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pi
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)			(Inst

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	Derivative Security				or Dispose (D) (Instr. 3, 4 and 5)						
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	06/13/2013	А	V	3.11 <u>(2)</u>		(3)	(3)	Common Stock	3.11	\$ 1
Phantom Stock Units	<u>(1)</u>	07/01/2013	А		143.03 (4)		(3)	(3)	Common Stock	143.03	\$
Phantom Stock Units	<u>(1)</u>	07/01/2013	А		35.76 (4)		<u>(3)</u>	<u>(3)</u>	Common Stock	35.76	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh		
reporting o when runne / runn oos	Director	10% Owner	Officer	Other
Jones Trevor M 2525 DUPONT DRIVE IRVINE, CA 92612	Х			
Signatures				
/s/ Matthew J. Maletta, Attorne	07/02/2013			

Jones

**Signature of 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).

Date

- (1) Converts to common stock on a 1-for-1 basis.
- (2) Phantom stock units acquired under the Allergan, Inc. Deferred Directors' Fee Program in lieu of cash for quarterly dividend, exempt transaction under Rule 16a-11.
- (3) Phantom stock units are to be settled 100% in common stock upon the Reporting Person's retirement as an Allergan, Inc. director.
- (4) Phantom stock units acquired under the Allergan, Inc. Deferred Directors' Fee Program in lieu of cash for quarterly portion of annual retainer.

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.