Edgar Filing: SHARROCK DAVID B - Form 4

SHARROCK Form 4	DAVID B										
May 02, 2007	7										
FORM	4								PPROVAL		
	UNITED	STATES		RITIES AN Ishington, D			COMMISSIO	N OMB Number:	3235-0287 January 31,		
Check this if no long subject to Section 10 Form 4 or Form 5	er STATEN 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a) of the I	Public U		ng Com	pany Act	of 1935 or Section	on			
(Print or Type R	esponses)										
1. Name and Ad SHARROCH	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			INDEVUS PHARMACEUTICALS INC [IDEV]				S (Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)					
	HARMACEUT YDEN AVENU		04/30/2	2007			Delow)	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 					
LEXINGTO	N, MA 02421						Person		oporting		
(City)	(State)	(Zip)	Tab	ole I - Non-Dei	rivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. De Executi any (Month		Execution any	Date, if TransactionA		. Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5) (A)		Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V A	mount	or (D) Price	(Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	e for each cla	ass of sec	urities benefici	ally own	ed directly o	or indirectly.				
					inform require	ation cont ed to respo /s a currei	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tah	le II - Derix	vative Sec	surifies Acquir	red. Disr	osed of, or	Beneficially Owner	1			

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5.	Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof	Derivative	Expiration Date	Underlying Securities	Deriva

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Security (Instr. 3)	or Exercise Price of Derivative Security		any Co (Month/Day/Year) (In		e Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Securi (Instr.
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Unit (1)	\$ 0	04/30/2007		A	8,000		(1)	<u>(1)</u>	Common Stock	8,000	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SHARROCK DAVID B INDEVUS PHARMACEUTICALS, INC. 33 HAYDEN AVENUE LEXINGTON, MA 02421	Х						
Signatures							
David B. 05/02/2007 Sharrock							

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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 8,000 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 April 30, 2008, 2009 and 2010. Upon the earlier of

(1) shale of indevis common stock. The grant vests in three equal annual increments on April 50, 2009, 2009 and 2010. Open 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.