Holveck David Form 3 March 03, 2009

# FORM 3

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

A Holveck David

(Last)

(First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement

(Month/Day/Year)

02/23/2009

4. Relationship of Reporting Person(s) to Issuer

INDEVUS PHARMACEUTICALS INC [IDEV]

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ENDO

**PHARMACEUTICALS** 

HOLDINGS INC., Â 100 ENDO

**BOULEVARD** 

(Street)

(Check all applicable)

10% Owner \_X\_\_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

CHADDS FORD, Â PAÂ 19317

(City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect

(Instr. 5)

 $0^{(1)}$ Ι Common Stock, par value \$.001 per share See footnote below (2)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** 

Conversion or Exercise Form of

6. Nature of Indirect Ownership Beneficial Ownership (Instr. 5)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Security Direct (D) Exercisable Number of or Indirect Shares (I) (Instr. 5)

# **Reporting Owners**

CHADDS FORD, Â PAÂ 19317

Reporting Owner Name / Address

Director 10% Owner Officer Other

Holveck David

C/O ENDO PHARMACEUTICALS HOLDINGS INC. 100 ENDO BOULEVARD

# **Signatures**

/s/ David P.
Holveck

\*\*Signature of Date

\*\*Signature of
Reporting Person

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

Pursuant to the terms of the Agreement & Plan of Merger, dated as of Jan. 5, 2009, by and among Endo Pharmaceuticals Holdings Inc. ("Endo"), BTB Purchaser Inc. ("BTB") and Indevus Pharmaceuticals, Inc. ("Indevus"), Endo (through BTB) commenced a cash tender offer to purchase all of the issued and outstanding shares of the common stock of Indevus (the "Shares") at a price of \$4.50 per Share,

- without interest, plus contractual rights to receive up to an additional \$3.00 per Share in contingent cash consideration payments. The initial tender offer period expired at 5:00 p.m.(ET), Fri., Feb. 20, 2009, at which time approximately 55,008,149 Shares had been validly tendered and not withdrawn pursuant to the tender offer and such Shares were accepted for purchase by the Purchaser on Feb. 23, 2009; such number represents the number of Shares in which the Reporting Person has a beneficial interest as of that date. The Shares purchased represent approx. 77.205% of Indevus's outstanding Shares.
- Pursuant to the Merger Agreement, the Reporting Person was appointed as a director of Indevus on February 23, 2009. The Reporting Person disclaims any beneficial ownership in the Shares.

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.

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