ENDO HEALTH SOLUTIONS INC.

Form 4

February 21, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB 3235-0287

Number: January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

SECURITIES 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)

(Print or Type Responses)

1. Name and Address of Reporting Person *

Gergel Ivan P.

Symbol

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

ENDO HEALTH SOLUTIONS INC.

[ENDP]

(Month/Day/Year)

02/19/2014

(Middle)

3. Date of Earliest Transaction

Director X_ Officer (give title below)

10% Owner Other (specify

C/O ENDO HEALTH SOLUTIONS INC., 1400 ATWATER DRIVE

(State)

(First)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

(Check all applicable)

EVP, R&D and CSO

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

MALVERN, PA 19355

(City)	(State)	Tabl	le I - Non-I	Derivative S	Securiti	ies Acqı	iired, Disposed of	, or Beneficiall	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securiti on(A) or Dis			5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5))	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(A)		Reported	(Instr. 4)	
					(A) or		Transaction(s)		
Common			Code V	Amount	(D)	Price	(Instr. 3 and 4)		

Common Stock, par 02/19/2014(1) value, \$.01 per share

10,127 F D 75.22 12,054 D (2) (3)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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.	6. Date Exerc	isable and	7. Title	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date A		Amou	nt of	Derivative]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)]	
	Derivative				Securities			(Instr.	3 and 4)		(
Security					Acquired						I
					(A) or						1
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				G 1 W	(A) (B)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Gergel Ivan P. C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355

EVP, R&D and CSO

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Signatures

/s/ Caroline B. Manogue, by power of attorney

02/21/2014

**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) One-hundred percent (100%) of Mr. Gergel's February 19, 2010 grant of restricted stock units (RSUs) vested on February 19, 2014. Upon issuance, certain shares are withheld by the Company to satisfy tax obligations on shares acquired.
- (2) These shares represent stock withheld by the Company to satisfy tax withholding obligations on shares acquired upon vesting of restricted stock units.
- (3) \$75.22 represents the vesting price, which is the average of the high and low share price on February 19, 2014.

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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