HERBERT GAVIN S

Form 4

October 19, 2010

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

burden hours per 0.5 response...

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * HERBERT GAVIN S | | | 2. Issuer Name and Ticker or Trading Symbol ALLERGAN INC [AGN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|----------|----------|---|--|--|--|--|
| (Last) (First) (Middle | | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| 2525 DUPON | NT DRIVE | | (Month/Day/Year) 10/18/2010 | X Director 10% Owner Officer (give title below) Other (specify below) | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| IRVINE, CA 92612 | | | | Form filed by More than One Reporting Person | | | |

| IRV | 'INE, | CA | 9261 | 12 |
|-----|-------|----|------|----|
| | | | | |

| (City) | (State) | (Zip) Tabl | e I - No | n-D | erivative S | Securit | ies Acc | quired, Disposed | of, or Beneficia | ally Owned |
|--------------------------------------|---|------------|---|-----|---|---------|--|--|---|------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 07/13/2010 | | G | V | 1,000 | D | \$ 0 | 196,960 | I | By Family Trust (1) |
| Common Stock | 10/18/2010 | | S | | 10,000 (2) | D | \$ 72 | 186,960 | I | By Family Trust (1) |
| Common Stock | 10/18/2010 | | S | | 10,000 (3) | D | \$ 72 | 40,000 | I | By Successor Trust (4) |
| Common Stock | | | | | | | | 14,400 | D | |
| Common Stock | | | | | | | | 5,000 | I | By Gavin S. Herbert |

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| | | | Trust (5) |
|---|-------------|---|----------------------------------|
| Common Stock | 400 | I | By Spouse |
| Common Stock | 3,000 | I | By Spouse Living Trust (6) |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or | indirectly. | | |

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|---------------------------------------|---|---------------------|--------------------|---|--|--|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| reporting o where there is a real constant. | Director | 10% Owner | Officer | Other | | | |
| HERBERT GAVIN S 2525 DUPONT DRIVE IRVINE, CA 92612 | X | | | | | | |

**Signature of Reporting Person

Signatures

/s/ Matthew J. Maletta, attorney-in-fact for Gavin S. 10/19/2010 Herbert

Reporting Owners 2

Date

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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) Shares held by the Herbert Family Trust. Reporting person is trustee and beneficiary of this trust and has the power to revoke without another's consent.
- (2) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on February 22, 2010, as trustee for the above described Family Trust.
- (3) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on February 22, 2010, as co-trustee for the below described Successor Trust.
- (4) Shares held by G. Herbert, Inc., which in turn is wholly owned by Gavin Herbert Successor Trust (GHST). The reporting person is co-trustee and has a pecuniary interest in GHST.
- (5) Shares held by Gavin S. Herbert Trust. The reporting person is beneficiary of this trust.
 - Shares held by Ninetta Herbert Living Trust. The reporting person's spouse is trustee of this trust. The reporting person disclaims
- (6) beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for the purposes of Section 16 or for any other purposes.

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.