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INDEVUS PHARMACEUTICALS INC

Form 3/A March 04, 2009

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person *

ENDO

PHARMACEUTICALS HOLDINGS INC

(Last) (First) (Middle)

(Month/Day/Year) 02/23/2009

Statement

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

INDEVUS PHARMACEUTICALS INC [IDEV]

100 ENDO BOULEVARD

(Street)

4. Relationship of Reporting

Person(s) to Issuer

Director

Officer

(Check all applicable)

_X__ 10% Owner Other (give title below) (specify below)

5. If Amendment, Date Original

Filed(Month/Day/Year) 03/03/2009

6. Individual or Joint/Group

Filing(Check Applicable Line) Form filed by One Reporting

X Form filed by More than One

Reporting Person

CHADDS FORD, Â PAÂ 19317

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

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

Form: Direct (D) or Indirect

(Instr. 5)

Common Stock, par value \$.001 per share $D^{(1)}$ 55,008,149

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** (Instr. 4)

4. Conversion or Exercise Price of

Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

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Date Expiration Title Exercisable Date

Amount or Derivative Number of Security Shares Security: Direct (D) or Indirect (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

ENDO PHARMACEUTICALS HOLDINGS INC 100 ENDO BOULEVARD CHADDS FORD, PAÂ 19317

ÂXÂÂÂ

BTB Purchaser Inc. 100 ENDO BOULEVARD CHADDS FORD, PAÂ 19317

ÂXÂÂÂ

Signatures

/s/ Caroline B.

03/04/2009

Manogue

Date

**Signature of Reporting
Person

Caroline B. Manogue

03/04/2009

**Signature of Reporting

Date

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 inital 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

inital 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. 69.214% of Indevus's outstanding 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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