NOVEN PHARMACEUTICALS INC

Form 4

August 03, 2006

FORM 4

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

OMB

3235-0287 Number: January 31, Expires: 2005

OMB APPROVAL

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

Estimated average burden hours per 0.5

response...

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

ABRAO EI	DUARDO G		Symbol					Issuer			
			NOVEI INC [N	N PHARI OVN]	MACEUT	ΓICA	LS	(Chec	k all applicable)	
(Last)	(First)	(Middle)		f Earliest T	ransaction			Director _X_ Officer (give		Owner er (specify	
C/O NOVE	N		(Month/I	•				below)	below)		
	CEUTICALS,		00/02/2	.000				VP & Ch	ief Medical Of	ficer	
INC., 11960	S.W. 144TH	STREET									
	(Street)		4. If Ame	endment, Da	ate Original	l		6. Individual or Jo	oint/Group Filin	g(Check	
			Filed(Mo	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
MIAMI, FL	. 33186							Form filed by N Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative :	Securi	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	emed on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(msu. 4)	
Stock (\$.0001 Par Value)	08/02/2006			M(1)	11,362	A	\$ 11.12	11,362	D		
Common Stock (\$.0001 Par Value)	08/02/2006			S <u>(1)</u>	10,962	D	\$ 21	400	D		
Common Stock	08/02/2006			S(1)	400	D	\$ 21.01	0	D		

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(\$.0001 Par Value)

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

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. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	Pate	7. Title and Underlying (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 11.12	08/02/2006		M <u>(1)</u>	11,362	(2)	09/01/2010	Common Stock (\$.0001 Par Value)	11,362

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Director 10% Owner Other

ABRAO EDUARDO G C/O NOVEN PHARMACEUTICALS, INC. 11960 S.W. 144TH STREET MIAMI, FL 33186

VP & Chief Medical Officer

Signatures

/s/ Eduardo G. 08/03/2006 Abrao

**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).
- (1) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 9, 2006.

Reporting Owners 2

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(2) 20% exercisable after 09/02/04; 20% exercisable after 09/02/05; 20% exercisable after 09/02/06; and 20% exercisable after 09/02/07. 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.