Valeant Pharmaceuticals International, Inc. Form 4 October 22 2013

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
FURI	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check the if no lone	aar		OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires:	January 31, 2005			
subject t Section Form 4	16.	I OF CHANG					Estimated a burden hou response	irs per			
Form 5 obligation may con <i>See</i> Instru- 1(b).	ons Section 1	7(a) of		lity Holdi	ng Com	pany Act o	e Act of 1934, f 1935 or Sectio 40	'n			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kornwasser Laizer			on <u>*</u> 2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
				Pharmace onal, Inc.			(Check all applicable)				
()			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 10/20/2013			Director 10% Owner X Officer (give title Other (specify below) below)				
2150 51. L	LELAK DE VD	• •• ES	10/20/20	15			EVP, Com	pany Group Ch	airman		
		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person						
LAVAL, A	.8 H7L 4A8						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurities Aco	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deeme Month/Day/Year) Execution I any (Month/Da		n Date, if Transaction Code		(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Drice	(Instr. 3 and 4)				

Common 4,500 Stock, no \$0 13,000 (3) 10/20/2013 А А (1) (2) 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 (9-02) required to respond unless the form displays a currently valid OMB control number.

D

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

Code V Amount (D) Price

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kornwasser Laizer 2150 ST. ELZEAR BLVD. WEST LAVAL, A8 H7L 4A8			EVP, Company Group Chairman				
Signatures							
by: Nicholas Zanoni for Laizer Kornwasser		10/22/201	3				

**Signature of Reporting Person 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).

Date

Represents Restricted Share Units received under an employee Share Matching Program ("Matching RSUs") in connection with the

- (1) officer's purchase of Company common stock. Each Matching RSU represents a contingent right to receive one share of common stock, no par value, of Valeant Pharmaceuticals International, Inc.
- (2) 1/3 of the Matching RSUs will vest each on the first, second and third anniversary of the date of grant subject to contingent employment and retention of the corresponding purchased shares.
- (3) This number represents common shares purchased by the officer, as well as other outstanding equity awards that were previously reported in Table 1.

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.