Valeant Pharmaceuticals International, Inc. Form 4 March 31, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CH Statement of Section Section 17(a) of the Public 20(b) of the				SECUI 6(a) of th tility Hol	RITIES ne Securi ding Co	ities E mpan	Exchange	Act of 1934, 1935 or Section	Expires: January 20 Estimated average burden hours per response		
<i>See</i> Inst 1(b).	ruction	50(11) (si ule il	i vestillen	i compu	11 <i>y</i> 7 K		, ,			
(Print or Type	Responses)										
GOGGINS COLLEEN A Symbol			uer Name and Ticker or Trading I nt Pharmaceuticals				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			Internat	tional, Ind	c. [VRX]]		(Cheer	t un applicable	()	
2150 ELZEAR BLVD. WEST (Month/E (Street) 4. If Ame				of Earliest Transaction /Day/Year) /2015				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LAVAL, A	A8 H7L 4A8						ī	Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if			3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V 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				·	-00		\$				
Stock, no	03/27/2015			А	500	А	⁽	3,366	D		

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

par value

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.

198.124

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

vative urity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	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			
GOGGINS COLLEEN A							
2150 ELZEAR BLVD. WEST	Х						
LAVAL, A8 H7L 4A8							
Signatures							
by: Nicholas Zanoni for Colleen	L						
Goggins	03/31/2015						
<u>**</u> Signature of Reporting Person		Date	e				

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).

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.