### **DAVIDSON SPENCER**

Form 4 May 17, 2012

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * DAVIDSON SPENCER		2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			MEDICIS PHARMACEUTICAL CORP [MRX]			(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of (Month/Da	Earliest Tra 1y/Year)	nsaction			Director Officer (given below)		Owner er (specify	
7720 N. DOI	BSON RD.		05/15/20	12				below)	below)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SCOTTSDA	LE, AZ 85256								More than One Re		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed o	of, or Beneficial	ly Owned	
(Instr. 3) any		ar) Executi any			onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct Indirect (D) or Beneral Indirect (I) Owner	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/15/2012			Code V A	Amount 2,311 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 9,722	D		

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)

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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. Transactio Code (Instr. 8)	5. Number op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
					Code V	and 5)  (A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
	Non-Employee Director Option	\$ 37.85	05/15/2012		A	7,743	(2)	05/15/2019	Common Stock	7,74

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DAVIDSON SPENCER 7720 N. DOBSON RD. SCOTTSDALE, AZ 85256

# **Signatures**

Spencer 05/17/2012 Davidson

\*\*Signature of Date
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).
- Vesting Date is upon the earlier of 5/15/2013 or the next annual meeting at which one or more members of the board of directors are (1) standing for re-election, subject in either case to the continued service of the non-employee director on the board through such date. Projected annual meeting date is May 2013.
- Date Exercisable is upon the earlier of 5/15/2013 or the next annual meeting at which one or more members of the board of directors are standing for re-election, subject in either case to the continued service of the non-employee director on the board through such date. Projected annual meeting date is May 2013.

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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