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ALPHARM Form 4 March 21, 20											
FORM	ΠД								OMB AF	PROVAL	
	UNITED S	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT O Filed pursuant to Section 17(a) of the		uant to S) of the I	F CHAN Section 1 Public Ut	IGES IN E SECUR 6(a) of the tility Hold	BENEF ITIES e Securit ling Con	ICIA ties E	e Act of 1934, 1935 or Section	Expires: Estimated a burden hou response			
See Instr 1(b).	uction	30(h)	of the In	vestment	Compan	iy Ac	t of 194	0			
(Print or Type]	Responses)										
	Address of Reporting P N CARL AKE	erson <u>*</u>	Symbol	r Name and			ng	5. Relationship of Issuer	Reporting Pers	son(s) to	
			ALPHARMA INC [ALO] 3. Date of Earliest Transaction					(Check all applicable)			
(Last) C/O ALPH 22 EAST	(First) (M ARMA INC, 440 I	liddle)	(Month/D	Day/Year)	ansaction			Director X Officer (give below) Pre-		Owner er (specify	
	(Street)			endment, Da nth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	One Reporting Pe	rson	
BRIDGEW	ATER, NJ 08807							Person	fore than one Re	porting	
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3, Amount	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock A	03/19/2008			М	3,375 (1)	А	\$ 19.8	36,566	D		
Common Stock A	03/19/2008			S	2,141	D	\$ 27.41	34,425	D		
Common Stock A	03/19/2008			S	941	D	\$ 27.41	33,484	D		
Common Stock A	03/19/2008			S	94	D	\$ 27.4	33,390	D		
Common Stock A	03/19/2008			F	134	D	\$ 27.41	33,256	D		

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Common Stock A	03/19/2008	F	59	D	\$ 27.41 33,197	D
Common Stock A	03/19/2008	F	6	D	\$ 27.4 33,191	D

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

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 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)	Transaction f Derivative Expiration Da Code Securities (Month/Day/			7. Title and A Underlying S (Instr. 3 and 4	Seci
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of Sł
Non-Qualified Stock Option (right to buy)	\$ 19.8	03/19/2008		М	3,375	03/08/2009(2)	03/08/2014	Common Stock A	3

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
CARLSSON CARL AKE C/O ALPHARMA INC 440 ROUTE 22 EAST BRIDGEWATER, NJ 08807			President, API					
Signatures								
By: /s/ Marie Amerasinghe For Carlsson	: Carl Aa	ke	03/21/2008					
<u>**</u> Signature of Reporting Po		Date						

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).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) These options vest at a rate of 25% on each of the four anniversary dates immediately following the date of grant, subject to the forfeiture and acceleration provisions in the Award Agreement.

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.