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EBERT CHA	ARLES D											
Form 4												
December 0												
FORM	RITIES A	ND EX	OMMISSION		PROVAL							
Check this box			Washington, D.C. 20549						Number:	3235-0287		
if no long	E CUAN	CES IN	DENIFF	VEDSUID OF	Expires:	January 31 2005						
subject to Section 1 Form 4 o Form 5 obligatio	F CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Section 16(a) of the Securities Exchange Act of 19 Public Utility Holding Company Act of 1935 or Se						Estimated average burden hours per response 0.					
may cont <i>See</i> Instru 1(b).	unue.			vestment	•	· ·	•		1			
(Print or Type I	Responses)											
EBERT CHARLES D Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			WATSON PHARMACEUTICALS INC [WPI]					(Check all applicable)				
(Last)	f Earliest Transaction Day/Year)				Director 10% Owner X_ Officer (give title Other (specify							
C/O WATS PHARMAC BONNIE C	CEUTICALS, IN	C., 311	12/01/20	-				below) Sr. VP, Rese	below) earch & Develo	opment		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
(City)	(State)	(Zip)						Person				
(City)				e I - Non-D 3.			-	uired, Disposed of		•		
1.Title of Security (Instr. 3)		Yansaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock, par value \$0.0033	12/01/2005			S	1,700	D	\$ 33.31	17,102	D			
Common Stock, par value \$0.0033	12/01/2005			S	500	D	\$ 33.3	16,602	D			
Common Stock, par	12/01/2005			S	6,800	D	\$ 33.29	9,802	D			

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value \$0.0033							
Common Stock, par value \$0.0033	12/01/2005	S	8,000	D	\$ 33.21	1,802 <u>(1)</u>	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Relationships

Other

Director 10% Owner Officer

Sr. VP, Research & Development

EBERT CHARLES D C/O WATSON PHARMACEUTICALS, INC. 311 BONNIE CIRCLE CORONA, CA 92880

Signatures

/s/CHARLES D. EBERT

12/01/2005

**Signature of Reporting Person 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).
- Includes 472 shares acquired through the Watson Pharmaceuticals, Inc. Employee Stock Purchase Plan and 1,330 shares of restricted
 (1) stock issued pursuant to the provisions of the Amendment and Restatement of the 2001 Incentive Award Plan of Watson Pharmaceuticals, Inc.

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.