Edgar Filing: ESHELMAN FREDRIC N - Form 4

| ESHELMAN Form 4 | | | | | | | | | | | | | |
|--|--|---|------------|---|---|--|--|--|---|--|--|--|--|
| May 03, 2018 | 1 | | | | | | | | PPROVAL | | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | | |
| Check this if no longe subject to Section 16 | er STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | January 31, 2005 average | | | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed pur s Section 17(| (a) of the I | Public U | 16(a) of th Itility Hol | ne Securi ding Co | | nge Act of 1934, c of 1935 or Sectio 1940 | burden hot response on | • | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | |
| 1. Name and Ad ESHELMAN | Person <u>*</u> | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | | |
| | | Valeant Pharmaceuticals International, Inc. [VRX] | | | | (Check all applicable) | | | | | | | |
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | X_ Director 10% Owner Officer (give title Other (specify | | | | | |
| 400 SOMER BOULEVAF | SET CORPORA | ATE | 04/30/2 | 2018 | | | below) | below) | | | | | |
| | | | | d(Month/Day/Year) Applicable Lir _X_ Form file | | | Applicable Line) | by One Reporting Person | | | | | |
| BRIDGEWA | ATER, NJ 08807 | 7 | | | | | Form filed by Person | More than One R | leporting | | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative | e Securities A | Acquired, Disposed of | of, or Beneficia | ally Owned | | | | |
| | 2. Transaction Date Month/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | l (A) or l of (D) | 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) | | | | |
| Reminder: Repo | ort on a separate line | e for each cla | ass of sec | urities bene | ficially ow | ned directly | or indirectly. | | | | | | |
| | | | | | inforı requi | nation con red to resp ays a curre | spond to the collect tained in this form ond unless the for ntly valid OMB con | are not m | SEC 1474 (9-02) | | | | |
| | Tab | | | | | sposed of, or convertible | Beneficially Owned securities) | I | | | | | |
| 1. Title of 2. Derivative Co | | saction Date /Day/Year) | | | 4. Transact | 5. tiorNumber | 6. Date Exercisable a Expiration Date | and 7. Title and Amount of | | | | | |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | any (Month/Day/Year) | Code (Instr. 8) | of (Month/Day/Year) 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Secu | rtying rities : 3 and 4) | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr | |
|------------------------|---|-------------------------|--------------------|---|-----------------------|--------------------|--------------------------------|--|---|--|
| Repo | rting Owners | | Code V | (A) (D) |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| | | | | | | | | | | |

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|----------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| ESHELMAN FREDRIC N 400 SOMERSET CORPORATE BOULEVARD BRIDGEWATER, NJ 08807 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Kirsten O'Donnell, attorney-in-fact for Fredric Eshelman | N. | 05. | /03/2018 | | | |
| ** 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).

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.