6. Nature of Indirect

Beneficial

Ownership

(Instr. 5)

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MYLAN LABORATORIES INC Form 3 February 17, 2006 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Title of Derivative

Security

(Instr. 4)

2. Date Exercisable and

Date Exercisable Expiration

Date

Expiration Date

(Month/Day/Year)

| 1. Name and Address of Reporting Person <u>*</u> Myers Carolyn J | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol MYLAN LABORATORIES INC [MYL] | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|-------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| (Last) (F | First) | (Middle) | 02/10/2006 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| 1500 CORPORA | ATE DR | IVE | | | | | | | | |
| (Street) CANONSBURG, PA 15317 | | | | | (Check all applicable) <u></u> Director <u>10%</u> Owner <u></u> Officer <u></u> Other (give title below) (specify below) President, Mylan Technologies | | | 6. Individual or Joint/Group | | |
| | | | | | | | | Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) (S | tate) | (Zip) | | Table I - N | on-Derivat | ive Securiti | es Bei | neficially Owned | | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount of Beneficially ((Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owner (Instr. | 1 | | |
| Common Stock | | | | 590 | | Ι | 401(1 | K) Plan | | |
| Reminder: Report or owned directly or in | | e line for ead | ch class of secu | rities beneficia | ally SI | EC 1473 (7-02) |) | | | |
| 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | |

3. Title and Amount of

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

Title

4.

Conversion

or Exercise

Price of Derivative

Security

5.

Ownership

Derivative

Security:

Direct (D)

or Indirect

Form of

| OMB AF | PROVAL | | | | | |
|------------------------------------|---------------------|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | |
| Expires: | January 31, 2005 | | | | | |
| Estimated average burden hours per | | | | | | |
| response | 0.5 | | | | | |

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| | | | | Shares | | (I) (Instr. 5) | |
|-----------------------------------------|-----------------------|------------|-----------------|--------|------------|-------------------|------------|
| Employee Stock Option - Right to Buy | 06/23/2004 <u>(1)</u> | 06/23/2013 | Common Stock | 37,500 | \$ 22.5 | D | Â |
| Employee Stock Option - Right to Buy | 08/01/2006(2) | 08/01/2015 | Common Stock | 60,000 | \$ 17.46 | D | Â |
| Employee Stock Option - Right to Buy | 08/12/2005 | 09/30/2006 | Common Stock | 11,250 | \$ 23.2667 | Ι | By Husband |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|-----------------------------------------------------------------|---------------|-----------|-------------------------------|-------|--|--|
| F8 | Director | 10% Owner | Officer | Other | | |
| Myers Carolyn J 1500 CORPORATE DRIVE CANONSBURG, PA 15317 | Â | Â | President, Mylan Technologies | Â | | |
| Signatures | | | | | | |
| /s/ Carolyn J. | 12006 | | | | | |

Myers <u>**</u>Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 option began vesting in four equal annual installments on 6/23/2004.
- (2) The option vests in four equal annual installments beginning on 8/1/2006.

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.