Edgar Filing: HERBERT GAVIN S - Form 4

HERBERT G	AVIN S									
Form 4										
May 08, 2008	Л								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box									January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires: Estimated	2005 average	
Section 16. SECURITIES								burden hou	urs per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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 Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> HERBERT GAVIN S			2. Issuer Name and Ticker or Trading Symbol ALLERGAN INC [(AGN)]				5. Relationship of Reporting Person(s) to Issuer			
							(Che	ck all applicabl	k all applicable)	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director 10% Owner				
2525 DUPONT DRIVE			05/06/2008			Officer (give titleOther (specify below) below)				
	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 Form filed by More than One Reporting 						
IRVINE, CA	92612						Person	wore man one K	epotting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivativ	e Securities	Acquired, Disposed o	of, or Beneficia	lly Owned	
	. Transaction Date Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	Dispose (Instr. 3	d (A) or d of (D) , 4 and 5) (A) or	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: Repor	rt on a separate line	e for each cl	ass of sec	urities bene	ficially o	wned directly	or indirectly.			
					info requ	rmation con ired to resp lays a curre	spond to the colle ntained in this form ond unless the for ently valid OMB co	are not rm	SEC 1474 (9-02)	

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. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securiti
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

	Derivative Security				or Dispose (D) (Instr. 3, 4 and 5)	Instr. 3, 4,				
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Nonemployee Director Stock Option (Right to Buy)	\$ 54.32 (<u>1</u>)	05/06/2008	A		11,400		(2)	05/06/2018	Common Stock	11,4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HERBERT GAVIN S 2525 DUPONT DRIVE IRVINE, CA 92612	Х						
Signatures							
By: Matthew J. Maletta, Attorney-in-Fact	05/08/2008						
<u>**</u> 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).
- (1) The per share exercise price is the closing price of Allergan's common stock as of the date of grant.
- (2) Option is fully vested and exercisable upon the earlier to occur (i) the first anniversary of the grant date, or (ii) the annual meeting held during such calendar year at which one or more members of the board are standing for re-election following the date of grant.

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.