

ENDO HEALTH SOLUTIONS INC.

Form 3

December 12, 2013

**FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB  
Number: 3235-0104Expires: January 31,  
2005Estimated average  
burden hours per  
response... 0.5**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. Name and Address of Reporting  
Person \*

Â HIGGINS ARTHUR J

(Last)

(First)

(Middle)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

12/10/2013

3. Issuer Name and Ticker or Trading Symbol

ENDO HEALTH SOLUTIONS INC. [ENDP]

4. Relationship of Reporting  
Person(s) to Issuer5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner  
☐ Officer ☐ Other  
(give title below) (specify below)C/O ENDO HEALTH  
SOLUTIONS INC.,Â 1400  
ATWATER DRIVE

(Street)

MALVERN,Â PAÂ 19355

(City)

(State)

(Zip)

6. Individual or Joint/Group  
Filing(Check Applicable Line)  
☒ Form filed by One Reporting  
Person  
☐ Form filed by More than One  
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security  
(Instr. 4)2. Amount of Securities  
Beneficially Owned  
(Instr. 4)3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)2010 Stock Incentive Plan Restricted Stock  
Units (1) (2)1,016 <sup>(3)</sup>

D Â

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

SEC 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)**1. Title of Derivative Security  
(Instr. 4)2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)3. Title and Amount of  
Securities Underlying  
Derivative Security4. Conversion  
or Exercise5. Ownership  
Form of6. Nature of Indirect  
Beneficial Ownership  
(Instr. 5)

| Date<br>Exercisable | Expiration<br>Date | Title | Amount or<br>Number of<br>Shares | Price of<br>Derivative<br>Security | Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I) |
|---------------------|--------------------|-------|----------------------------------|------------------------------------|-------------------------------------------------------------|
|                     |                    |       |                                  |                                    |                                                             |

(Instr. 4)

(Instr. 5)

## Reporting Owners

### Reporting Owner Name / Address

### Relationships

Director 10% Owner Officer Other

HIGGINS ARTHUR J  
C/O ENDO HEALTH SOLUTIONS INC.  
1400 ATWATER DRIVE  
MALVERN, PA 19355

Â X      Â      Â      Â

## Signatures

/s/ Caroline B. Manogue, by Power of  
Attorney

12/12/2013

\*\*Signature of Reporting Person

Date

## 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) Upon the vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health Solutions Inc. unless the director has elected to defer receipt of the vested shares under the Directors Deferred Compensation Plan.
- (2) These restricted stock units (RSUs) vest 100% on December 10, 2014. Upon vesting, we consider the underlying RSUs to be expired.
- (3) These securities were granted to Mr. Higgins in consideration of his anticipated services as a member of the Board of Directors of Endo Health Solutions 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.