Edgar Filing: MORVILLE MALCOLM - Form 4

MORVILLE	MALCOLM								
Form 4 May 02, 200 [°]	7								
FORM									PPROVAL
	UNITEL) STATES		RITIES AN Ishington, D			COMMISSIO	N OMB Number:	3235-0287
Check thi if no long	or							Expires:	January 31, 2005
subject to Section 10 Form 4 or Form 5		NGES IN BI SECURIT	Estimated burden hou response	average urs per					
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17	(a) of the	Public U		ng Con	npany Act	nge Act of 1934, of 1935 or Secti 940		
(Print or Type R	Responses)								
1. Name and A MORVILLE	2. Issuer Name and Ticker or Trading Symbol INDEVUS PHARMACEUTICALS INC [IDEV]				5. Relationship of Reporting Person(s) to Issuer				
					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)			
	PHARMACEU YDEN AVEN		04/30/2	2007			below)	below)	
(Street)			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 			
LEXINGTO	N, MA 02421						Person	More than One R	eporting
(City)	(State)	(Zip)	Tal	ole I - Non-Der	ivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	TransactionA	isposed	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V A	mount	(D) Price	(Instr. 3 and 4)		
Reminder: Repo	ort on a separate lii	ne for each cl	lass of sec	urities benefici	ally owr	ed directly	or indirectly.		
					inform require	ation cont ed to respo ys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Та	hle II - Dori	vativa Sa	purities Acquir	ed Dig	nosed of or	Reneficially Owned	ł	

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	Deriva

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month	Cod /Day/Year) (Inst	str. 8)	Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	l I of	(Month/Day/	Year)	(Instr. 3 and 4	4)	Securi (Instr.
			Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units <u>(1)</u>	\$0	04/30/2007	А		8,000		<u>(1)</u>	(1)	Common Stock	8,000	\$

Reporting Owners

Reporting Owner Name	Relationships						
	Director	10% Owner	Officer	Other			
MORVILLE MALCOLM INDEVUS PHARMACEU 33 HAYDEN AVENUE LEXINGTON, MA 02421 Signatures	TICALS, INC.	Х					
MORVILLE MALCOLM	05/02/2007						
<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).

Grant of 8,000 deferred stock units (DSUs) under the Company's 2004 Equity Incentive Plan. Each DSU represents a right to receive one share of Indevus common stock. The grant vests in three equal annual increments on April 30, 2008, 2009 and 2010. Upon the earlier of

(1) shale of indevis common stock. The grant vests in three equal annual increments on April 50, 2009, 2009 and 2010. Open the earlier of the recipient's retirement from the Board of Directors of the Company or five (5) years from the date of grant, any DSUs that are vested and have not terminated are converted into common stock and distributed to the recipient, unless further deferred by the recipient.

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.