Edgar Filing: INDEVUS PHARMACEUTICALS INC - Form 4

INDEVUS PHA Form 4 May 02, 2007	ARMACEUTI	CALS IN	С							
FORM 4	1								PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated burden hou	Expires:January 3Estimated averageburden hours perresponse0.	
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17(a) of the I	Public U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type Resp	oonses)									
			2. Issuer Name and Ticker or Trading Symbol INDEVUS PHARMACEUTICALS INC [IDEV]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O INDEVUS PHARMACEU HAYDEN AV	S JTICALS, IN(Middle) C., 33		of Earliest Tr Day/Year) 2007	ransaction		X Director Officer (giv below)		% Owner her (specify	
Filed				If Amendment, Date Original led(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			
LEXINGTON,	MA 02421						Person		eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deeme Execution any (Month/Da(Instr. 3)(Month/Day/Year)any (Month/Day/Year)		Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
				Code V		(D) Price	. ,			
Reminder: Report	on a separate line	e for each cla	ass of sec	urities benef	ficially own	ned directly	or indirectly.			

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	*		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Unit (1)	\$ 0	04/30/2007		А	8,000	<u>(1)</u>	<u>(1)</u>	Common Stock	8,000	\$

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Reporting Owners

		Relationships				
Reporting Owner Name	Director	10% Owner	Officer	Other		
HANSON MICHAEL E C/O INDEVUS PHARMACEU 33 HAYDEN AVENUE LEXINGTON, MA 02421	UTICALS, INC.	х				
Signatures						
Michael E. 05 Hanson	5/02/2007					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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) share of indevis common stock. The grant vests in three equal annual increments of April 50, 2009, 2009 and 2010. Opon 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.

**Signature of

Reporting Person