TRIANO CHARLES E

Form 4

December 10, 2007

FORM 4

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

OMB Number:

3235-0287

0.5

Check this box if no longer

Expires: January 31, 2005

OMB APPROVAL

subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

Form 4 or 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

1(b).

(Last)

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

TRIANO CHARLES E

Symbol

(Check all applicable)

FOREST LABORATORIES INC [FRX]

[FF

(Middle)

3. Date of Earliest Transaction

____ Director _____ 10% Owner _____ Officer (give title _____ Other (specify

(Month/Day/Year)

12/06/2007

below)
VP Investor Relations

C/O FOREST LABORATORIES, INC., 909 THIRD AVENUE

(Street)

(First)

4. If Amendment, Date Original

 Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

NEW YORK, NY 10022

(City) (State) (Zip) **Tab**1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Securities Code (D) Beneficially (Instr. 8) (Instr. 3, 4 and 5) Owned

5. Amount of Securities Form: Din Beneficially (D) or Owned Indirect (I Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4)

(A) or

A

Transaction(s)
(Instr. 3 and 4)

Reported

Code V Amount (D) Price

Common Stock 12/06/2007

A 10,000 (1)

 $$0 10,000 \frac{(2)}{}$

D

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

(Month/Day/Year)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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 of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (Right to	\$ 37.255	12/06/2007		A	15,000	12/06/2008(3)	12/06/2012	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

TRIANO CHARLES E C/O FOREST LABORATORIES, INC. 909 THIRD AVENUE NEW YORK, NY 10022

VP Investor Relations

Signatures

Buy)

/s/ Charles E Triano 12/07/2007

**Signature of Date
Reporting Person

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) Represents shares of common stock which are subject to a risk of forfeiture issued under the Company's 2007 Equity Incentive Plan. The risk of forfeiture lapses as to 25% of the shares on each of the first four anniversaries of the date of the grant (December 6, 2007).
- (2) This amount includes shares of common stock which are subject to a risk of forfeiture.
- (3) The option becomes exercisable as to 15% of the shares covered by the option on each of the first four anniversaries of the date of the grant (December 6, 2007) and as to the remaining 40% on the fifth anniversary of the date of the grant.
- (4) Not Applicable

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.

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