Tomshack James Form 4 March 07, 2008

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or Form 5

January 31, Expires: 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Tomshack James			2. Issuer Name <b>and</b> Ticker or Trading Symbol PERRIGO CO [PRGO]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% Owner		
C/O PERRIGO COMPANY, 515 EASTERN AVENUE			03/05/2008	X Officer (give title Other (specify below)  Sr VP Consumer Health Sales		
	(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		
ALLEGAN,	MI 49010			Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit or Dispos (Instr. 3, 4	ed of (	(D)	5. Amount of 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)
Common Stock	03/05/2008		M	17,000	A	\$ 7.9531	21,500	D	
Common Stock	03/05/2008		S	17,000	D	\$ 33.48	4,500	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

### Edgar Filing: Tomshack James - Form 4

# $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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 Derivati Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration Da (Month/Day/ <sup>*</sup>	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	3 08/17/2003	08/17/2009	Common Stock	2,833	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	3 08/17/2004	08/17/2009	Common Stock	2,833	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	3 08/17/2005	08/17/2009	Common Stock	2,833	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	4 08/17/2000	08/17/2009	Common Stock	2,834	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	4 08/17/2001	08/17/2009	Common Stock	2,834	
Employee Stock Option Right to Buy	\$ 7.9531	03/05/2008		M	2,83	3 08/17/2002	08/17/2009	Common Stock	2,833	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Tomshack James C/O PERRIGO COMPANY 515 EASTERN AVENUE ALLEGAN, MI 49010

Sr VP Consumer Health Sales

### **Signatures**

James Tomshack 03/07/2008

\*\*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).

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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