Gergel Ivan P. Form 4 February 28, 2013

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

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or

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

Form 5 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 * Gergel Ivan P.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

ENDO HEALTH SOLUTIONS INC.

(Check all applicable)

[ENDP]

(Last) (First) (Middle) 3. Date of Earliest Transaction

Director 10% Owner Other (specify _X__ Officer (give title

(Month/Day/Year)

02/26/2013

below) EVP, Research & Development

C/O ENDO HEALTH SOLUTIONS INC., 1400 ATWATER DRIVE

(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

| MALVERN, PA 1935 | 5 |
|------------------|---|
|------------------|---|

| (City) | (State) (| (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, | | | | | | f, or Beneficially Owned | | |
|---------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock, par value, \$.01 per share | 02/26/2013(1) | | F | 1,573 (2) | D | \$ 28.09 (3) | 1,788 | D | | |
| Common Stock, par value, \$.01 per share | 02/26/2013(4) | | F | 1,509 (2) | D | \$ 28.09 (5) | 1,820 | D | | |
| Common Stock, par value, \$.01 | 02/27/2013(6) | | F | 7,168 (2) | D | \$ 30.03 (3) | 8,556 | D | | |

per share

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

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(9-02)

9. Nu Deriv

Bene Own Follo Repo Trans (Instr

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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Gergel Ivan P. C/O ENDO HEALTH SOLUTIONS INC. 1400 ATWATER DRIVE MALVERN, PA 19355

EVP, Research & Development

Signatures

/s/ Caroline B. Manogue, by power of attorney

02/28/2013

**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).
- (1) Twenty-five percent (25%) of Mr. Gergel's February 22, 2012 grant of restricted stock units (RSUs) vested on February 22, 2013. Upon issuance, certain shares are withheld by the Company to satisfy tax obligations on shares acquired.
- (2) These shares represent stock withheld by the Company to satisfy tax withholding obligations on shares acquired upon vesting of restricted stock units.

Reporting Owners 2

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- (3) Represents the value of shares withheld by the Company to cover tax withholding obligations.
- (4) Twenty-five percent (25%) of Mr. Gergel's February 23, 2011 grant of restricted stock units (RSUs) vested on February 23, 2013. Upon issuance, certain shares are withheld by the Company to satisfy tax obligations on shares acquired.
- (5) Represents the value of shares withheld by the Company to cover tax withholding obligations. As February 23, 2013 was a Saturday, the average of the high and low price of Company stock traded on the prior trading day was utilized.
- One-hundred percent (100%) of Mr. Gergel's February 26, 2009 grant of restricted stock units (RSUs) vested on February 26, 2013. Upon issuance, certain shares are withheld by the Company to satisfy tax obligations on shares acquired.

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.