

Farhat Camille  
 Form 3  
 September 12, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Farhat Camille		(Month/Day/Year)	ENDO HEALTH SOLUTIONS INC. [ENDP]	
(Last)	(First)	(Middle)	09/05/2012	
C/O AMERICAN MEDICAL SYSTEMS,Â 10700 BREN ROAD WEST			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
MINNETONKA,Â MNÂ 55343			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			President, AMS, Inc.	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
2010 Stock Incentive Plan Restricted Stock Units (RSU) <u>(1)</u> <u>(2)</u>	21,305 <u>(3)</u>	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security:	
			Title			Direct (D) or Indirect (I) (Instr. 5)	
2010 Stock Incentive Plan Stock Options <sup>(4)</sup>	Â <sup>(5)</sup>	09/05/2022	Common Stock	71,177	\$ 32.27 <sup>(3)</sup>	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Farhat Camille C/O AMERICAN MEDICAL SYSTEMS 10700 BREN ROAD WEST MINNETONKA, MN 55343	Â	Â	Â President, AMS, Inc.	Â

## Signatures

/s/ Caroline B. Manogue, by Power of Attorney	09/12/2012
**Signature of Reporting Person	Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Upon each vesting date, each vested restricted stock unit automatically converts into one (1) share of common stock of Endo Health Solutions Inc.
- (2) These restricted stock units (RSUs) generally vest 25% per year on each of September 5, 2013, September 5, 2014, September 5, 2015 and September 5, 2016. Upon vesting, we consider the underlying RSUs to be expired.
- (3) These securities were granted to Mr. Farhat in consideration of his anticipated services as the President of American Medical Systems, a subsidiary of Endo Health Solutions Inc.
- (4) Representing the right to buy shares of common stock, par value \$0.01 per share, of Endo Health Solutions Inc.
- (5) These stock options are generally exercisable 25% per year on each of September 5, 2013, September 5, 2014, September 5, 2015 and September 5, 2016.

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.