HSIA DAVID C Form 4

September 13, 2005

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

Form 4 or Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

Symbol

burden hours per response...

5. Relationship of Reporting Person(s) to

Issuer

See Instruction 1(b).

(Print or Type Responses)

HSIA DAVID C

1. Name and Address of Reporting Person *

			WATSON PHARMACEUTICALS INC [WPI]				CALS	(Check all applicable)				
(Last)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				DirectorX Officer (give below)		0% Owner Other (specify			
C/O WAT PHARMA BONNIE (CEUTICALS, IN	IC., 311	09/12/	2005				/	Scientific Af	fairs		
		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
CORONA	CA 02880		Filed(M	Ionth/Day/Yo	ear)			Applicable Line) _X_ Form filed by 0 Form filed by N	1 0			
CORONA	, CA 92880							Person		1 0		
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owne											
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution			Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)			
Common Stock, par value \$0.0033	09/12/2005			S	20,000	D	\$ 35.4176	738,464	I	by Family Trust (1)		
Common Stock, par value \$0.0033	09/12/2005			S	20,000	D	\$ 35.4179	1,004,218	I	by Partnership (2)		
Common Stock, par								40,000	I	by Trust		

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value \$0.0033

Common

Stock, par value $61,333 \frac{(3)}{}$ D

\$0.0033

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.

SEC 1474

(9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	es	(Instr. 5)	Bene
	Derivative		, ,	,	Securities	3		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsti
					4, and 5)						
								A	Amount		
						_		О	r		
						Date	Expiration		Number		
						Exercisable	Date	0			

Code V (A) (D)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

HSIA DAVID C C/O WATSON PHARMACEUTICALS, INC. 311 BONNIE CIRCLE CORONA, CA 92880

Sr. VP, Scientific Affairs

Shares

Signatures

/s/DAVID C. HSIA 09/13/2005

**Signature of Date Reporting Person

Reporting Owners 2

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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) By Family Trust refers to the Hsia Family Trust, of which Dr. Hsia is a beneficial owner.
- (2) By Partnership refers to the Hsia Interests, Ltd., of which Dr. Hsia is a general partner.
- (3) This includes 1,333 shares of restricted stock issued pursuant to the Amendment and Restatement of the 2001 Incentive Award Plan of Watson Pharmaceuticals, Inc.

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.