

ENDO PHARMACEUTICALS HOLDINGS INC  
 Form 3/A  
 August 16, 2006

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â LaViscount Joyce N</p> <p>(Last) (First) (Middle)</p> <p>C/O ENDO                  PHARMACEUTICALS                  HOLDINGS INC.,Â 100 ENDO                  BOULEVARD</p> <p>(Street)</p> <p>CHADDS FORD,Â PAÂ 19317</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>08/09/2006</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ENDO PHARMACEUTICALS HOLDINGS INC                  [ENDP]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  Chief Accounting Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>08/15/2006</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)
Common stock, par value \$0.01 per share	0	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) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
2000 Stock Incentive Plan Options	Â (1)	04/12/2014	Common Stock	5,145	\$ 25.38	D	Â
2000 Stock Incentive Plan Options	Â (2)	08/11/2014	Common Stock	1,795	\$ 16.47	D	Â
2004 Stock Incentive Plan Options	Â (3)	02/14/2016	Common Stock	12,097	\$ 28.61	D	Â
2004 Stock Incentive Plan Options	Â (4)	08/10/2016	Common Stock	50,000	\$ 32.99	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LaViscount Joyce N C/O ENDO PHARMACEUTICALS HOLDINGS INC. 100 ENDO BOULEVARD CHADDS FORD, PA 19317	Â	Â	Â Chief Accounting Officer	Â

## Signatures

/s/ Caroline B. Manogue 08/16/2006

\_\_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) Exercisable 25% per year on each of April 12, 2005, April 12, 2006, April 12, 2007 and April 12, 2008.
- (2) Exercisable 25% per year on each of August 11, 2005, August 11, 2006, August 11, 2007 and August 11, 2008.
- (3) Exercisable 25% per year on each of February 14, 2007, February 14, 2008, February 14, 2009 and February 14, 2010.
- (4) Exercisable 25% per year on each of August 9, 2007, August 9, 2008, August 9, 2009 and August 9, 2010.

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.