ROSSO LOUIS T Form 4 January 05, 2005

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1. Name and Address of Reporting Person * **ROSSO LOUIS T**

(First) (Middle) (Last)

2525 DUPONT DRIVE

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

ALLERGAN INC [(AGN)]

3. Date of Earliest Transaction

(Month/Day/Year)

01/03/2005

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

X_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership

Form: Direct

(Instr. 4)

(D) or Indirect Beneficial

Person

5. Amount of

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

IRVINE, CA 92612

(City) 1.Title of 2. Transaction Date 2A. Deemed

(State)

Security (Instr. 3)

(Zip)

(Month/Day/Year) Execution Date, if (Month/Day/Year)

Symbol

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

(A)

or

Beneficially Owned Following Reported Transaction(s)

Securities

(Instr. 3 and 4) Code V Amount (D) Price

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 required to respond unless the form displays a currently valid OMB control number.

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

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise (Instr. 3) Price of (Month/Day/Year)

5. Number 4 Code

Transaction of Derivative Securities (Instr. 8) Acquired

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. Price **Underlying Securities** (Instr. 3 and 4)

7. Nature of

Ownership

(Instr. 4)

(9-02)

Indirect

Deriv Secur (Instr.

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| | Derivative Security | (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | | | | | |
|---------------------------|------------------------|---|------|---|--------------|-----|---------------------|--------------------|-----------------|--|-------|
| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock Units | (1) | 12/09/2004 | A | V | 25.16 (2) | | (3) | <u>(3)</u> | Common Stock | 0 | \$ 77 |
| Phantom Stock Units | <u>(1)</u> | 01/03/2005 | A | | 93.39 (4) | | (3) | (3) | Common Stock | 0 | \$ 80 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ROSSO LOUIS T

2525 DUPONT DRIVE X

IRVINE, CA 92612

Signatures

By: Matthew J. Maletta, Attorney-in-Fact 01/05/2005

**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) Converts to common stock on a 1-for-1 basis.
- (2) Phantom stock units accrued under the Allergan, Inc. Dividend Reinvestment Plan, exempt transaction under Rule 16a-11.
- (3) Phantom stock units are to be settled 100% in stock upon the reporting person's retirement as an Allergan, Inc. director.
- (4) Phantom stock units acquired under the Allergan, Inc. Deferred Directors' Fee Program in lieu of cash for quarterly portion of annual retainer.

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.

Reporting Owners 2