Edgar Filing: JORDAN GREGORY D - Form 4

JORDAN GREO	GORY D												
Form 4													
May 19, 2009	_												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PROVAL 3235-0287					
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	STATE Filed p Section 1	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								Expires:January 3Estimated averageburden hours perresponse0.			
(Print or Type Resp	onses)												
1. Name and Address of Reporting Person <u>*</u> JORDAN GREGORY D			2. Issuer Name and Ticker or Trading Symbol KING PHARMACEUTICALS INC [KG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O KING PHA INC., 501 FIFT			3. Date of (Month/D) 05/15/20	ay/Year]		nsaction			X Director Officer (give below)		o Owner er (specify		
				. If Amendment, Date Original iled(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BRISTOL, TN	37620									Iore than One Re			
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
	Transaction D Aonth/Day/Yea	ar) Executio any	med	3. Transa Code	actio 8)	4. Securit n(A) or Dis (D)	ies Ac sposed	quired of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
$\begin{array}{c} \text{Common} \\ \text{Stock } \underline{(1)} \end{array} 0.5$	5/15/2009			А		15,358	А	\$0	41,679	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

D Se	. Title of Derivative ecurity 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other JORDAN GREGORY D C/O KING PHARMACEUTICALS, INC. Х **501 FIFTH STREET** BRISTOL, TN 37620 Signatures /s/ Gregory D. 05/19/2009 Jordan

**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).

Represents an automatic grant of restricted stock units. In accordance with the terms of the grant agreement and related settlement form, the director elected to receive the shares on the first to occur of the following events: (1) May 15, 2010; (2) the director, standing for reelection, is not reelected; (3) the director's term is completed after declining to stand for reelection; (4) the director completes his or her

(1) term of office after not being nominated to stand for reelection; (5) the director completes his or her term of office, having been ineligible to stand for reelection under term limit provisions then in effect; and (6) the director ceases to be a director as a result of death, disability or change of control, in which case the director is entitled to receive the shares on the later of January 1, 2010 or the date of such death, disability, or change of control.

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.