#### Edgar Filing: ENDO PHARMA LLC - Form 4

ENDO PHAI Form 4	RMA LLC										
November 22	2, 2005										
FORM	<b>4</b> UNITED STATE	SECUDI	TIEC AT		'TT A N	JCE C	OMMISSION		PPROVAL		
	UNITEDSTATE			ND EAC D.C. 205		NGE U	/UNINII5510IN	OMB Number:	3235-0287		
Check this boxif no longer subject to Section 16.Form 4 or Form 5 obligations may continue. See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940						January 31 Expires: 2005 Estimated average burden hours per response 0.5					
1(b).											
(Print or Type R	Responses)										
1. Name and A ENDO PHA	ddress of Reporting Person <u>*</u> RMA LLC	2. Issuer Name <b>and</b> Ticker or Trading Symbol ENDO PHARMACEUTICALS HOLDINGS INC [ENDP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)					DirectorX10% Owner Officer (give title Other (specify balaw)			
320 PARK A	ARK AVENUE 11/16/2005 below) below)										
NEW YORI		4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>					
(City)	(State) (Zip)	Table I	[ - Non-De	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any	ion Date, if T	3. Fransaction Code Instr. 8)	4. Securiti n(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
		C	Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock, par value \$.01 per share	11/16/2005		X		D	\$ 2.42	21,042,511	D			
Common Stock, par value \$.01 per share	11/16/2005		Х	146	D	\$ 2.42	21,042,365	D			
Common Stock, par value \$.01 per share	11/16/2005		X	10,000	D	\$ 2.42	21,032,365	D			

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Common								
Stock, par	11/16/2005	v	076	Л	\$ 3	21,031,389	р	
value \$.01	11/10/2005	Λ	970	D	ф S	21,031,389	D	
per share								

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)

1. Title of Derivative Security (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. Number of ctionDerivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Call Option (obligation to sell)	\$ 2.42	11/16/2005		Х		3,200	10/13/2005	08/26/2007	Common Stock	3,200
Call Option (obligation to sell)	\$ 2.42	11/16/2005		Х		146	10/13/2005	08/26/2007	Common Stock	146
Call Option (obligation to sell)	\$ 2.42	11/16/2005		Х		10,000	10/13/2005	08/26/2007	Common Stock	10,000
Call Option (obligation to sell)	\$ 3	11/16/2005		Х		976	10/13/2005	08/26/2007	Common Stock	976

### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
ENDO PHARMA LLC 320 PARK AVENUE		Х						
NEW YORK, NY 10022								

## Signatures

/s/ Jeffrey R. Black Chief Financial Officer

11/22/2005

\*\*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).

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.