### Edgar Filing: ADVANCED MEDICAL OPTICS INC - Form 5

ADVANCED MEDICAL OPTICS INC Form 5 February 13, 2008

February 13, 2008					
FORM 5				OMB AP	PROVAL
U	INITED STATES	S SECURITIES AND EXCHANGE ( Weshington, D.C. 20540	OMB Number:	3235-0362	
Check this box if no longer subject		Washington, D.C. 20549	Expires:	January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction		ATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Estimated av burden hours response	/erage	
	Filed pursuant to S	Section 16(a) of the Securities Exchang	e Act of 1934,		
Form 3 Holdings Se Reported Form 4 Transactions Reported		Public Utility Holding Company Act of of the Investment Company Act of 194			
1. Name and Address of TRENARY C RUSS		2. Issuer Name <b>and</b> Ticker or Trading Symbol ADVANCED MEDICAL OPTICS INC [EYE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First	t) (Middle)	<ol> <li>Statement for Issuer's Fiscal Year Ended (Month/Day/Year)</li> <li>12/31/2007</li> </ol>	Director X Officer (give t below)	title Other below)	Owner (specify
C/O ADVANCED N OPTICS, INC., 17 ANDREW PLACE			Executiv	e Vice Presider	nt
(Stree	et)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Report	rting
SANTA ANA, CA	AÂ 92705		_X_ Form Filed by O Form Filed by M Person		
(City) (State	e) (Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of,	or Beneficially	y Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Secur Acquired Disposed (Instr. 3,	d (A) of d of (E , 4 and (A) or	0) 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/30/2007	Â	G	500	D	\$0	3,844.4199 (1)	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1.5162	Ι	By 401(k) Trust as of December 31, 2007

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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 2270 (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 Exerc	cisable and	7. Titl	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Securi	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	3 and 4)		B
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
TRENARY C RUSSELL III C/O ADVANCED MEDICAL OPTICS, INC. 1700 E. ST. ANDREW PLACE SANTA ANA, CA 92705	Â	Â	Executive Vice President	Â			
Signatures							
C. Russell Trenary III, by Aimee S. Weisner, as Fact	Attorne	y in	02/13/2008				
**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) Includes an aggregate of 294.4199 shares acquired under the Advanced Medical Optics, Inc. Employee Stock Option Plan through October 31, 2007

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.