PAPA JOSEPH C Form 4

February 28, 2019

## FORM 4

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

**SECURITIES** 

OMB 3235-0287 Number:

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

0.5

**OMB APPROVAL** 

subject to Section 16. Form 4 or

Estimated average burden hours per response...

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

PAPA JOSEPH C

Bausch Health Companies Inc.

[BHC]

(Last)

(Middle)

(Zip)

3. Date of Earliest Transaction

10% Owner \_X\_\_ Director X\_ Officer (give title Other (specify

400 SOMERSET CORPORATE

(First)

(Street)

(State)

**BOULEVARD** 

(City)

(Month/Day/Year)

below)

02/28/2019

CHAIRMAN & CEO

(Check all applicable)

4. If Amendment, Date Original

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

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

BRIDGEWATER, NJ 08807

(,)	()	Tabl	e I - Non-L	Derivative	Securi	ities Acqu	iirea, Disposea oi	, or Beneficiall	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. Securition(A) or Dia (Instr. 3, 4)	sposed	of (D)	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 Indirect Beneficial Ownership (Instr. 4)
Common Shares, No Par Value	02/28/2019		P	30,000 (1)	A	\$ 23.67	717,077	D	
Common Shares, No Par Value	02/28/2019		A	30,000	A	\$ 0	747,077	D	

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 (9-02)required to respond unless the form displays a currently valid OMB control

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#### number.

# 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. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Name la sur		
						Exercisable	Date		Title Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)			,	Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Keiationsnips					
1	Director	10% Owner	Officer	Other		
PAPA JOSEPH C 400 SOMERSET CORPORATE BOULEVARD BRIDGEWATER, NJ 08807	X		CHAIRMAN & CEO			

# **Signatures**

/s/ Kirsten O'Donnell, attorney-in-fact for Joseph C.
Papa 02/28/2019

\*\*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 matching Restricted Share Units ("MRSUs") granted to the Reporting Person in connection with the open market purchase of Common Shares of the Issuer reported on Table I (the "Purchased Shares"), pursuant to the Issuer's Matching Share Program. One-third of the MRSUs will vest on each of the first, second, and third anniversaries following the date of grant ("MRSU Grant Date"), subject to the Reporting Person's continued service (except in limited circumstances).

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.

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