## Edgar Filing: McKenna Mark C. - Form 4

McKenna Ma Form 4 March 01, 20											
									OMB APPROVAL		
	Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or	box statement of changes in Beneficial Ownership of							burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type R 1. Name and A McKenna M	ddress of Reportin	g Person <u>*</u>	Symbol	Name <b>and</b> Health Cc			<b>y</b>	5. Relationship of Issuer (Chec	Reporting Pers		
(Mo			(Month/D	Date of Earliest Transaction Aonth/Day/Year) 2/27/2019 If Amendment, Date Original led(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) Delow) President, Salix			
								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BRIDGEWA	ATER, NJ 0880	)7							fore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, (Instr. 3) any		on Date, if	<ul> <li>3. 4. Securities Acquired Transaction(A) or Disposed of Code (D)</li> <li>(Instr. 8) (Instr. 3, 4 and 5)</li> </ul>				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares, No Par Value	02/27/2019			Code V A	Amount 15,221 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 35,162	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)

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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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified Stock Options (right To Purchase)	\$ 23.16	02/27/2019		А	44,290	(2)	02/27/2029	Common Shares, No Par Value	44,2
Reporting Owners									

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
McKenna Mark C. 400 SOMERSET CORPORATE BLVD. BRIDGEWATER, NJ 08807			President, Salix				
Signatures							
/s/ Kirsten O'Donnell, attorney-in-fact for McKenna	Mark C.		03/01/2019				
<u>**</u> 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 the award of restricted share units ("RSUs") which will vest one-third on each of the first three anniversaries following the(1) date of grant, subject to the reporting person's continued service. Vested RSUs are settled in common shares, no par value ("Common Shares"), of Bausch Health Companies Inc. ("Bausch Health").
- (2) The options vest in equal installments on each of the first three anniversaries of the date of grant.

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.