MEDICIS PHARMACEUTICAL CORP Form 3 July 20, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Cooper Joseph Patrick			2. Date of Event Requiring Statement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol MEDICIS PHARMACEUTICAL CORP [MRX]				
(Last)	(First)	(Middle)	07/10/2006	4. Relationshi Person(s) to Is	p of Reporting	ţ	5. If Amendment, Date Original Filed(Month/Day/Year)	
8125 N. HA	YDEN RO.	AD					1 110 a(110 1111 2) a), 1 car)	
	(Street)			(Check all applicable)			6. Individual or Joint/Group	
SCOTTSDA	ALE, AZÂ	85258		EVP,C	United Technology (10%) (Specify below) (Speci	ow)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	ies Be	neficially Owned	
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common St	ock		31,200 (1)		D	Â		
Reminder: Rep owned directly		ate line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02)		
	inform	ation conta	pond to the collection of ained in this form are not nd unless the form displ	:				

currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or	Derivative Security	Security:	(1154.5)
			The	Number of		Direct (D) or Indirect	

			Shares		(I) (Instr. 5)	
Employee Stock Option (2)	07/16/2005 07/16/2014	Common Stock	63,000	\$ 38.45	D	Â
Employee Stock Option (3)	03/01/2007 03/01/2013	Common Stock	63,000	\$ 23.01	D	Â
Employee Stock Option (4)	07/31/2004 07/31/2013	Common Stock	63,000	\$ 29.2	D	Â
Employee Stock Option (5)	07/21/2006 07/21/2015	Common Stock	28,500	\$ 32.41	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
L O		10% Owner	Officer	Other		
Cooper Joseph Patrick 8125 N. HAYDEN ROAD SCOTTSDALE, AZ 85258	Â	Â	EVP,Corp & Product Development	Â		

Signatures

Joseph Cooper	07/19/2006		
<u>**</u> Signature of Reporting Person	Date		

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

Includes 4,000 shares received from a restricted stock lapse that occurred on 3/1/06. Includes 16,000 shares from Restricted Stock grant dated 3/1/03- Remaining vesting of 30% on 3/1/07 and 50% on 3/1/08. Includes 5,700 shares of Restricted Stock Grant vesting over 5

- (1) years on grant date beginning 7/21/2006- 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 3, 30% year 4, 30% year 4, 30% year 4, 30% year 5.
- (2) NQ Employee Stock Option vesting over 5 years on grant date beginning 7/16/2005. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.
- (3) NQ Employee Stock Option grant dated 3/1/03. Vesting 50% on 3/1/07 and 50% on 3/1/08.
- (4) NQ Employee Stock Option vesting over 5 years on grant date beginning 7/31/2004. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.
- (5) NQ Employee Stock Option vesting over 5 years on grant date beginning 7/21/2006. 10% year 1, 10% year 2, 20% year 3, 30% year 4, 30% year 5.

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.