## Edgar Filing: SHACKNAI JONAH - Form 4

CILL CRNIAL IONIALI

Form 4	Ι JOINAΠ										
March 05, 2012								OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 o Form 5	ger STATE			SECUR	RITIES			NERSHIP OF	Expires: Estimated a burden hour response	•	
obligatio may com See Instr 1(b).	tinue. Section 1	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						1			
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u>*</u> SHACKNAI JONAH			2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDICIS PHARMACEUTICAL CORP [MRX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(M			3. Date of (Month/D 03/01/2	-	ransaction			Director 10% Owner Officer (give title Other (specify below) CEO			
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SCOTTSDA	ALE, AZ 85256	5						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Year)			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				l of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount 24,417	(A) or (D)	Price \$	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Stock	03/01/2012			F	<u>(1)</u>	D	ф 34.95	876,678	D		
Common Stock	03/01/2012			F	17,683 (2)	D	\$ 34.95	858,995	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.

## Edgar Filing: SHACKNAI JONAH - Form 4

 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
SHACKNAI JONAH 7720 N. DOBSON RD. SCOTTSDALE, AZ 85256			CEO						
Signatures									
Jonah Shacknai	03/05/2012								
<pre>**Signature of Reporting Person</pre>	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) Upon the vesting of 58,764 shares on March 1, 2012 under a restricted stock grant dated March 1, 2010, the reporting person had 24,417 shares withheld by the Company for personal tax liability withholding.
- (2) Upon the vesting of 42,557 shares on March 1, 2012 under a restricted stock grant dated March 1, 2011, the reporting person had 17,683 shares withheld by the Company for personal tax liability withholding.

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.