

Halfon Jean Michel
Form 3
January 02, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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
Number: 3235-0104
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burden hours per
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Â Halfon Jean Michel

(Last) (First) (Middle)

C/O TEVA
PHARMACEUTICAL
INDUSTRIES LTD.,Â 5 BASEL
STREET

(Street)

PETACH
TIKVA,Â L3Â 4951033

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)
01/01/2018

3. Issuer Name **and** Ticker or Trading Symbol

TEVA PHARMACEUTICAL INDUSTRIES LTD
[TEVA]

4. Relationship of Reporting
Person(s) to Issuer

5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 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
(Instr. 4)

4. Conversion
or Exercise
Price of
Derivative

5. Ownership
Form of
Derivative
Security:

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Restricted Share Units	Â (1)	Â (1)	Ordinary Shares (2)	2,162	\$ (3)	D	Â
Restricted Share Units	Â (4)	Â (4)	Ordinary Shares (2)	2,780	\$ (3)	D	Â
Restricted Share Units	Â (5)	Â (5)	Ordinary Shares (2)	7,956	\$ (3)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Halfon Jean Michel C/O TEVA PHARMACEUTICAL INDUSTRIES LTD. 5 BASEL STREET PETACH TIKVA,Â L3Â 4951033	Â X	Â	Â	Â

Signatures

/s/ Dov Bergwerk, as attorney-in-fact for Jean-Michel Halfon

01/02/2018

__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).
- (1) Restricted share units were granted on October 7, 2015 and vest on September 3, 2018.
- (2) The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- (3) Each restricted share unit represents a contingent right to receive, at settlement, one ordinary share or, at the option of the Human Resources and Compensation Committee, the cash value of one ordinary share.
- (4) Restricted share units were granted on May 16, 2016 and vest on May 16, 2019.
- (5) Restricted share units were granted on August 11, 2017 and vest on August 11, 2020.

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Remarks:

TheÂ ReportingÂ PersonÂ isÂ filingÂ thisÂ formÂ inÂ connectionÂ withÂ theÂ Issuer'sÂ transitionÂ fromÂ aÂ foreignÂ p

ExhibitÂ List

Â Â Â Â Â ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

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.