Edgar Filing: BARRETT DIANE - Form 4

BARRETT I Form 4	DIANE										
October 12, 2	2006										
FORM	14		~~~~~			~~~ .			OMB AF	PROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check the if no long	Ter			and N.					Expires:	January 31, 2005	
subject to Section 1 Form 4 o	6. SIAIEN	IENT OI	F CHAN	GES IN I SECUR	NERSHIP OF	Estimated a burden hou response	iverage				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the l	Public Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BARRETT DIANE			2. Issuer Name and Ticker or Trading Symbol NOVEN PHARMACEUTICALS INC [NOVN]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
			3. Date of (Month/D	Earliest Tra ay/Year)	ansaction			Director 10% Owner X_ Officer (give title Other (specify below) below)			
	N EUTICALS,) S.W. 144TH ST	REET	10/10/20	006				below) VP & Chi	ef Financial Of	ficer	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
MIAMI, FL	33186							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	an			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(
Common Stock (\$.0001 par value)	10/10/2006			M <u>(1)</u>	9,800	A	\$ 13.11	9,800	D		
Common Stock (\$.0001 par value)	10/10/2006			S <u>(1)</u>	9,800	D	\$ 24.8	0	D		

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

Edgar Filing: BARRETT DIANE - Form 4

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 number.

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. Transactic Code (Instr. 8)	Transactionof Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 13.11	10/10/2006		M <u>(1)</u>	9,800	(2)	09/04/2009	Common Stock (\$.0001 par value)	9,800	

Reporting Owners

1 N S

Reporting Owner Name / Address		Relationships						
			10% Owner	Officer	Other			
BARRETT DIANE C/O NOVEN PHARMACEUTICALS, INC. 11960 S.W. 144TH STREET MIAMI, FL 33186				VP & Chief Financial Officer				
Signatures								
/s/ Diane M. Barrett	10/12/2006							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- This transaction was effected pursuant to a 10b5-1 trading plan adopted by the reporting person on September 6, 2006. (1)
- 20% exercisable after 09/05/2003; 20% exercisable after 09/05/2004; 20% exercisable after 09/05/2005; 20% exercisable after (2)09/05/2006; 20% exercisable after 09/05/2007.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Signature of

Reporting Person

Edgar Filing: BARRETT DIANE - Form 4

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.