

FERRING

PHARMACEUTICALS

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

2520090771225

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

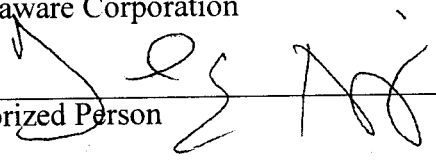
RECEIVED
FEB 11 2009

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Ferring Pharmaceuticals Inc.
2. The mailing address of the Employer is: 4 Gatehall Drive
Parsippany, NJ 07054
3. The Employer Identification Number is: 54-1179881
4. The above named Employer maintains a Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 12 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Ferring Pharmaceuticals Inc.
A Delaware Corporation

By: _____
Authorized Person



Dated: 2-9-09

