Tomshack James Form 4 August 27, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1(b).

(City)

1.Title of

Security

(Instr. 3)

Common

Stock

1. Name and Address of Reporting Person * Tomshack James

(First) (Middle) (Last)

C/O PERRIGO COMPANY, 515

EASTERN AVENUE

(Street)

(State) (Zip)

ALLEGAN, MI 49010

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

2. Issuer Name and Ticker or Trading

Symbol

PERRIGO CO [PRGO] 3. Date of Earliest Transaction

(Month/Day/Year) 08/25/2008

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5) (Instr. 8)

Following Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not 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)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

(Check all applicable)

Senior VP of CHC Sales

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

below)

Person

5. Amount of

Securities

Owned

4,500

Beneficially

Director

Applicable Line)

X_ Officer (give title

response... 0.5

10% Owner

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

(9-02)

Form: Direct

Indirect (I)

(Instr. 4)

D

(D) or

Other (specify

1

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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)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option Right to Buy	\$ 35.85	08/25/2008		A	1,649	08/25/2009	08/25/2018	Common	1,649
Employee Stock Option Right to Buy	\$ 35.85	08/25/2008		A	1,649	08/25/2010	08/25/2018	Common	1,649
Employee Stock Option Right to Buy	\$ 35.85	08/25/2008		A	1,649	08/25/2011	08/25/2018	Common	1,649
Restricted Stock Units	(1)	08/25/2008		A(2)	1,573	08/25/2011	08/26/2011	Common	1,573

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		

Tomshack James C/O PERRIGO COMPANY 515 EASTERN AVENUE ALLEGAN, MI 49010

Senior VP of CHC Sales

Signatures

Todd Kingma, Power of Attorney for James C.

Tomshack

08/27/2008

**Signature of Reporting Person Date

Reporting Owners 2

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) Each Restricted Stock Unit represents a contingent right to receive one share of Perrigo Company common stock.
- (2) Restricted Stock Units awarded Mr. Tomshack in his capacity as Sr. VP of Consumer Healthcare Sales, pursuant to the 2003 Long-Term Incentive Plan.

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.