

NOVARTIS AG
Form 4/A
December 09, 2011

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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. Name and Address of Reporting Person *
NOVARTIS AG

2. Issuer Name and Ticker or Trading Symbol
IDENIX PHARMACEUTICALS
INC [IDIX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
LICHSTRASSE 35
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
11/22/2011

___ Director ___ 10% Owner
___ Officer (give title below) ___X___ Other (specify below)
Indirect 10% Owner

BASEL, V8 CH4002
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
11/22/2011

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

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
							\$
Common Stock	11/22/2011		P		6,476	A	2.96 <u>(1)</u>
Common Stock	11/22/2011		P		20,288 <u>(3)</u>	A	\$ 4.7 33,224,477

See footnote (2)
See footnote (2)

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.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NOVARTIS AG LICHSTRASSE 35 BASEL, V8 CH4002				Indirect 10% Owner
NOVARTIS PHARMA AG LICHSTRASSE 35 BASEL, V8 CH4002		X		10% OWNER

Signatures

/s/ Felix Eichhorn Authorized Signatory
 Date: 12/09/2011
 **Signature of Reporting Person

/s/ Matt Owens Authorized Signatory
 Date: 12/09/2011
 **Signature of Reporting Person

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) Price is corrected from \$2.95 to \$2.96.
- (2) These securities are owned directly by Novartis Pharma AG, a direct, wholly-owned subsidiary of Novartis AG. Novartis AG is an indirect beneficial owner of these securities. See attachment.
- (3) The amount of securities acquired is corrected from 20,228 to 20,288.

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.