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ADVANCED MEDICAL OPTICS INC

Form 3

January 13, 2009

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

(Print or Type Responses)

1. Name and Address of Reporting

Person * GAMCO ET AL	•		Statement (Month/Day/Year) 01/12/2009		ICED MEDICAL OPTICS INC [EYE]				
(Last) (First) (Middle) ONE CORPORATE CENTER,Â				4. Relationshi Person(s) to Is		5. If Amendment, Date Original Filed(Month/Day/Year)			
			(Check all appl			able)			
	(Street)			Director Officer (give title below	X10%Otherwork (specify below)	r Filing(Check Applicable Line) ow) Form filed by One Reporting			
RYE, NY	10580					Person _X_ Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Beneficially Owned			
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common St	ock		172,000		I	By: Investment Partnership I (1)			
Common St	ock		6,500		I	By: Investment Partnership II (1)			
Common St	ock		5,000		I	By: Investment Partnership III (1)			
Common St	ock		71,500		I	By: Investment Partnership IV (1)			
Common St	ock		85,000		D (2)	Â			
Common St	ock		20,000		I	By: Investment Partnership V (1)			
Common St	ock		5,000		I	By: Investment Partnership VI (1)			
Common St	ock		6,000		D (2)	Â			
Common St	ock		20,000		I	By: Investment Partnership VII (1)			

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	Date Exer	cisable and	3. Title and	Amount of	4.	5.	Nature of Indirect
(Instr. 4)	Expiration D	ate	Securities Underlying		Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
		Expiration Date	(Instr. 4)		Price of	Derivative	
	Date				Derivative	Security:	
			Title	Amount or Number of	Security	Direct (D)	
	Exercisable					or Indirect	
						(I)	
				Shares		(Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Troporting Connect Connect Connection	Director	10% Owner	Officer	Other		
GAMCO INVESTORS, INC. ET AL ONE CORPORATE CENTER RYE, NY 10580	Â	ÂΧ	Â	Â		
GABELLI MARIO J C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER RYE, NY 10580	Â	ÂX	Â	Â		
GGCP, INC. 140 GREENWICH AVENUE GREENWICH, CT 06830	Â	ÂX	Â	Â		

Signatures

/s/ Peter D. Goldstein, Attorney-In-Fact for MARIO J. GABELLI, GGCP, INC., and GAMCO INVESTORS, INC.

01/13/2009

**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).
- The Reporting Persons have less than a 100% interest in this entity. The amount of securities reported as beneficially owned reflects the (1) total amount of securities held by this entity which is greater than the Reporting Persons indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.
- (2) These securities are owned by GAMCO Investors, Inc. ("GBL"). GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

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.

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