FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>PICHOTTA NICHOLAS J</u>						2. Issuer Name and Ticker or Trading Symbol COOPER COMPANIES INC [COO]										eck all appli Directo	cable) or	ıg Per	rson(s) to Issuer			
(Last) 6140 ST SUITE 5	ONERIDG	irst) E MALL DRIVI	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/08/2014											Officer (give title below) Pres, CEO Cooper Medical, Inc.					
(Street) PLEASANTON CA 94588					_ 4. If											ndividual or e) X Form	n					
(City)	(S	tate)	(Zip)													Person						
		Tab	le I - Nor	n-Deriv	ative	Se	curit	ies Ac	qu	ired, C	isp	osed o	of, or	3ene	ficial	ly Owne	t					
1. Title of Security (Instr. 3)			2. Trans Date (Month	saction /Day/Ye	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		∍,	Code (Instr.					Benefic	ies	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership				
										Code	,	Amount	()) or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock					01/08/2014							2,47	5	A	(1)	9,	9,938		D			
Common	Stock			01/0	8/2014	4				F		886 ⁽²	2)	D	\$0	9,052		D				
Common	Stock			01/0	8/2014	4				M		1,95	6	A	(1)	11,008			D			
Common Stock				01/08/2014					F		666 ⁽²	2)	D	\$ <mark>0</mark>	10),342		D				
Common	Stock			01/0	8/2014	4				М		539) A		(1)	10	10,881		D			
Common	Stock			01/0	8/2014	4				F		184	2)	D	\$ <mark>0</mark>	10	,697		D			
		Т	able II -									sed of				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	d Date,	4. Transaction Code (Instr. 8)		5. Number		6. D	6. Date Exercisa Expiration Date (Month/Day/Year		ble and	7. Title Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	e ercisable		opiration	Title	or Nu of	ımber							
Restricted Stock Units	\$0 ⁽¹⁾	01/08/2014			M			2,475		(3)		(4)	Comm Stock		,475	(1)	2,475		D			
Restricted Stock Units	\$0 ⁽¹⁾	01/08/2014			M			1,956		(5)		(4)	Comm Stock		,956	(1)	3,911		D			
Restricted Stock Units	\$0 ⁽¹⁾	01/08/2014			M			539		(6)		(4)	Comm Stock		539	(1)	2,156		D			

Explanation of Responses:

- 1. RSU Exercise Price: There is no exercise price associated with the grant of Restricted Stock Units.
- 2. 1/8/14 RSU Release: Shares withheld to cover applicable tax obligations. A FMV (closing price of the Company's common stock on 1/8/14) of \$124.07 was used.
- 3. Grant Date 11/29/10 RSU Vesting Date: The grant vests in equal portions on the following dates: 1/8/12, 1/8/13, 1/8/14 and 1/8/15.
- 4. RSU Expiration Date: This award has no expiration date. Units will either vest or be forfeit.
- 5. Grant Date 12/14/11 RSU Vesting Date: The grant vests in equal portions on the following dates: 1/8/13, 1/8/14, 1/8/15 and 1/8/16.
- $6. \ Grant \ Date \ 12/12/12 \ RSU \ Vesting \ Date: The grant vests in equal portions on the following \ dates: \ 1/8/14, \ 1/8/15, \ 1/8/16, \ 1/8/17 \ and \ 1/8/18.$

/s/ Nicholas J. Pichotta 01/09/2014

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.