FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Instruction 1(b). | | | | | | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | Tiours | per response | ;. | 0.5 |
|--|---|--|-----------|--------------|---|---|--|------------|--------------------------------------|---|---|---|-----------------|---------------------------|---|--|---|---|--|
| 1. Name and Address of Reporting Person* ZINBERG STANLEY MD | | | | | 2. 19 | Issuer Name and Ticker or Trading Symbol COOPER COMPANIES INC [COO] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 6140 STONERIDGE MALL DR., SUITE 590 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2008 | | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| (Street) PLEASANTON CA 94588 (City) (State) (Zip) | | | | | 4. If | f Am | endmen | t, Date o | of Original | Filed | (Month/Da | ay/Yea | ır) | | ne) X Forr | or Joint/Group n filed by One n filed by Mo son | e Reporting | Person | |
| | | Tabl | e I - Nor | -Deriv | ative | Se | ecuritie | es Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | | /Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Secur Benef Owne | icially d Following | 6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4) | ct of ect Be Ov | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (| (A) or (D) | Price | | action(s) 3 and 4) | | (In | istr. 4) |
| Common Stock 01/03/ | | | | | /2008 | | 01/03 | 01/03/2008 | | | 2,000 | (1) A \$ | | \$0 | 7,854 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution | Date, | 4. Transaction Code (Instr. 8) | | on of r. Deri Secu Acqu (A) o Disp of (D | n of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ship of Be D) Ovect (Ir | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code \ | | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | |

Explanation of Responses:

1. Restrictions will be removed upon the earlier to occur of 1) the average closing prices during any 30 consecutive trading days after 11/15/2007 reaches \$48.72, but not before 11/15/2008 or 2) on 11/15/2012.

Carol R. Kaufman, Sharyl Proscia, or Wendy Stark

01/04/2008

** 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.