FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL					
OMB Number:	3235-0287					
Estimated average burd	en					
hours per response:	0.5					

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

1. Name and Address of Reporting Person* ZINBERG STANLEY MD							2. Issuer Name and Ticker or Trading Symbol COOPER COMPANIES INC [COO]									heck a	nship of R Il applicabl Director		g Person(s) to	O Issuer
(Last) (First) (Middle) 6140 STONERIDGE MALL DR., SUITE 590							3. Date of Earliest Transaction (Month/Day/Year) 12/22/2009										Officer (giv below)	e title	Oth bel	er (specify w)
(Street) PLEASANTON CA 94588 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne)	′				
			Table	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	lly O	wned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da							ar) i	Executio	A. Deemed execution Date, any Month/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3,						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
											v	Amount		(A) or (D)	Price	т	ansaction(nsaction(s) etr. 3 and 4)		(iiisti. 4)
Common Stock 12/22/							/2009			A		1,500	1)	A	\$0.1		12,464		D	
			Та	ble II - C								sed of, onvertib				/ Owi	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date e (Month/Day	. Transaction late Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount	8. Pric Deriva Securi (Instr.	tive deriv ty Secu 5) Bene Own Follo Repo	wing orted saction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

 $1.\ NED\ RS\ Grant\ 11/16/09:\ Restrictions\ will\ be\ removed\ on\ the\ first\ anniversary\ of\ the\ date\ of\ grant,\ 11/16/10.$

/s/ Stanley Zinberg, MD 12/22/2009

** Signature of Reporting Person Date

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

- * 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.