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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                          |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>FERRING PHARMACEUTICALS INC. 401(K) SAVINGS PLAN</u>                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1997</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/1997</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1997</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>FERRING PHARMACEUTICAL INC.</u><br><br><u>4 GATEHALL DRIVE</u><br><u>3RD FLOOR</u><br><u>PARSIPPANY, NJ 07054</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>54-1179881</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>973-796-1600</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>424210</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>54-1179881</u> | <b>2c</b> Sponsor's telephone number<br><u>973-796-1600</u> | <b>2d</b> Business code (see instructions)<br><u>424210</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-1179881</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>973-796-1600</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>424210</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                                                                                                            |                                                                                                 |                        |                                                                            |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br><br><b>Signature of plan administrator</b> | 10/13/2014<br><br>Date | KAREN GEHRIG<br><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of employer/plan sponsor</b>                                                       | Date                   | Enter name of individual signing as employer or plan sponsor               |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of DFE</b>                                                                         | Date                   | Enter name of individual signing as DFE                                    |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                                 |                        | Preparer's telephone number (optional)                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 584                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b> 584                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b> 697                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 698                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b> 603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b> 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2K 2T 3D 3H 2E                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>FERRING PHARMACEUTICALS INC. 401(K) SAVINGS PLAN</u>                    | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FERRING PHARMACEUTICAL INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>54-1179881</u> |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EPIC RETIREMENT SERVICES CONSULTIN

20-0823534

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 7000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 2700                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                                                                                                                                                                                                                                                                                                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                                                                                                                                                                                                                                                                                         | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(d)</b> Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> |                                         |                                           |
| ALZGI NFJ DIV VL ADM - BOSTON FINA<br>330 W. 9TH STREET<br>KANSAS CITY, MO 66160                                                                                                                                                                                                                                                                                                           | 0.35%                                   |                                           |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a)</b> Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> <b>(b)</b> Service Codes<br/>(see instructions) </div> <div style="width: 20%;"> <b>(c)</b> Enter amount of indirect compensation </div> </div>                                                     |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                                                                                                                                                                                                                                                                                         | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(d)</b> Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> |                                         |                                           |
| ARTISAN MID CAP VAL - STATE STREET<br><br>04-0025081                                                                                                                                                                                                                                                                                                                                       | 0.40%                                   |                                           |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a)</b> Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> <b>(b)</b> Service Codes<br/>(see instructions) </div> <div style="width: 20%;"> <b>(c)</b> Enter amount of indirect compensation </div> </div>                                                     |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                                                                                                                                                                                                                                                                                         | 60                                      | 0                                         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(d)</b> Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> |                                         |                                           |
| BARON ASSET FUND - DST SYSTEMS, IN<br><br>43-1581814                                                                                                                                                                                                                                                                                                                                       | 0.40%                                   |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EATON LG CAP VALUE A - BNY MELLON<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940              | 0.50%                                   |                                                                                                                                                                    |
| <hr/>                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVS DIVRS DIVD R5 - INVESCO INVES<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.35%                                   |                                                                                                                                                                    |
| <hr/>                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS TRITON T - JANUS SERVICES LL<br><br>43-1804048                                    | 0.35%                                   |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RS EMERGING MKTS A - BOSTON FINANC<br>P.O. BOX 8480<br>BOSTON, MA 02266      | 0.55%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SENTINEL COM STK I - SENTINEL ADMI<br><br>03-0316212                         | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VIRTUS REAL ESTATE I - VIRTUS FUND<br>P. O. BOX 9874<br>PROVIDENCE, RI 02940 | 0.35%                                   |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                   | 60                                                                                                                                                                 | 0                                         |
|                                                                      |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WFA EMRG MKTS EQ I - BOSTON FINANC P.O. BOX 8480<br>BOSTON, MA 02266 | 0.15%                                                                                                                                                              |                                           |
|                                                                      |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                   | 60                                                                                                                                                                 | 0                                         |
|                                                                      |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WFA GOVT SECS ADM - BOSTON FINANC P.O. BOX 8480<br>BOSTON, MA 02266  | 0.35%                                                                                                                                                              |                                           |
|                                                                      |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                      |                                                                                                                                                                    |                                           |
|                                                                      |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                      |                                                                                                                                                                    |                                           |
|                                                                      |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>FERRING PHARMACEUTICALS INC. 401(K) SAVINGS PLAN</u>                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                          |                                                                            |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FERRING PHARMACEUTICAL INC.</u>      | <b>D</b> Employer Identification Number (EIN)<br><br><u>54-1179881</u>     |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       | 0                     | 0               |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 2148307               | 2517482         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    | 432879                | 401368          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 26633093              | 44857892        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29214279              | 47776742        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29214279 | 47776742 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1732043    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4846245    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1520081    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8098369   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 293        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 20405      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 20698     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1719944    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1719944   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 5503013   |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 15342024  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2462017 |         |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) | 0       |         |
| (3) Other.....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 2462017 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 1281    |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 0       |
| h Interest expense.....                                                             | 2h    |         | 0       |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 0       |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 0       |         |
| (4) Other.....                                                                      | 2i(4) | 10799   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 10799   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 2474097 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 12867927 |
| l Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                   | 2l(1) |  | 5694536  |
| (2) From this plan.....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. .... ☐ Yes ☒ No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>FERRING PHARMACEUTICALS INC. 401(K) SAVINGS PLAN</u>                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FERRING PHARMACEUTICAL INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>54-1179881</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-6568107</u> |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

# **Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

Financial Report  
December 31, 2013

## Contents

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## **Independent Auditor's Report**

To the Trustees and Participants  
Ferring Pharmaceuticals Inc. 401(k) Savings Plan  
Parsippany, New Jersey

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Ferring Pharmaceuticals Inc. 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4, 5 and 6 which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Emphasis of Matter**

As discussed in Note 3 to the financial statements, Ferring Pharmaceuticals Inc., the Plan's Sponsor, merged the Ferring Pharmaceuticals Inc. Defined Contribution Plan into the Ferring Pharmaceuticals Inc. 401(k) Savings Plan, effective December 1, 2013. All plan assets were transferred to the Ferring Pharmaceuticals Inc. 401(k) Savings Plan on December 3, 2013. Our disclaimer of opinion has not been modified with respect to this matter.

**Other Matter**

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Blue Bell, Pennsylvania  
September 29, 2014

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2013 and 2012**

|                                              | <b>2013</b>              | <b>2012</b>              |
|----------------------------------------------|--------------------------|--------------------------|
| <b>Assets</b>                                |                          |                          |
| Investments, at fair value                   |                          |                          |
| Registered investment companies              | <b>\$ 47,375,374</b>     | \$ 28,781,401            |
| <b>Total investments, at fair value</b>      | <b>47,375,374</b>        | 28,781,401               |
| Receivables                                  |                          |                          |
| Notes receivable from participants           | <b>401,368</b>           | 432,879                  |
| Employer matching contributions              | <b>149,750</b>           | 80,731                   |
| Employer profit sharing contribution         | <b>1,956,035</b>         | -                        |
| <b>Total receivables</b>                     | <b>2,507,153</b>         | 513,610                  |
| <br><b>Net assets available for benefits</b> | <br><b>\$ 49,882,527</b> | <br><b>\$ 29,295,011</b> |

See Notes to Financial Statements.

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2013**

|                                                      |                             |
|------------------------------------------------------|-----------------------------|
| <b>Additions</b>                                     |                             |
| Investment Income                                    |                             |
| Net appreciation in fair value of investments        | \$ 5,503,014                |
| Dividends                                            | 1,720,121                   |
| Interest on participants' notes receivable           | 20,405                      |
| <b>Total investment income</b>                       | <u>7,243,540</u>            |
| Contributions                                        |                             |
| Participants                                         | 4,846,245                   |
| Employer matching                                    | 1,801,061                   |
| Employer profit sharing                              | 1,956,035                   |
| Rollover                                             | 1,520,081                   |
| <b>Total contributions</b>                           | <u>10,123,422</u>           |
| <b>Total additions</b>                               | <u>17,366,962</u>           |
| <b>Deductions</b>                                    |                             |
| Distributions to Participants                        | 2,463,299                   |
| Administrative Expenses                              | 10,683                      |
| <b>Total deductions</b>                              | <u>2,473,982</u>            |
| <b>Increase in net assets available for benefits</b> | 14,892,980                  |
| Transfer of Assets into the Plan (Note 3)            | 5,694,536                   |
| Net Assets Available for Benefits                    |                             |
| Beginning                                            | <u>29,295,011</u>           |
| Ending                                               | <u><u>\$ 49,882,527</u></u> |

See Notes to Financial Statements.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan

General: The Ferring Pharmaceuticals Inc. 401(k) Savings Plan (the Plan) was established in 1997 to encourage and assist employees of Ferring Pharmaceuticals Inc. (the Company or the Plan Sponsor) to save for the future on a regular basis and to help provide additional investment assets for their retirement. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of the Company. There are no minimum age or service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Earnings accumulate in the Plan with deferral of Federal and state income tax. Plan participants are permitted to borrow against their account in accordance with specific rules and regulations. Fidelity Management Trust Company (Fidelity or the Trustee) is the Trustee of Plan assets. The Ferring Pharmaceuticals Retirement Plan Committee is responsible for oversight of the Plan. The Ferring Pharmaceuticals Retirement Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participant Contributions: Employee basic contributions are based on specified percentages of gross pay. The maximum percentage contributed under this provision of the Plan is 60% of annual compensation, plus any profit sharing contributions (discussed below), as defined in the Plan. Tax deferred contributions were limited to a maximum of \$17,500 for 2013 and \$17,000 for 2012. Certain participants (age 50 or older) can make an additional catch-up contribution of \$5,500 for both 2013 and 2012.

Employer Contributions: On a discretionary basis the Company matches 65% of the first 6% of eligible compensation that a participant contributes to the Plan. Additionally, the Company, at its discretion, may make other contributions on behalf of its eligible employees. Employees are eligible to receive an allocation of this discretionary Company contribution if they have completed one year of service as of January 1 or July 1 and were employed at year-end.

Discretionary Contributions: The Company may make a discretionary contribution to the Plan each year in an amount equal to a percentage of annual compensation for the Plan year for persons who met the eligibility requirements discussed above. The allocation of the contribution to each employee is based on when the employee was hired. Any employee hired prior to January 1, 2011 receives 6.25%, employees hired on or after January 1, 2011 receive 3% and employees of an adopting employer receive 3%. The contribution is not to exceed the maximum amount per Internal Revenue Service limits.

Notes Receivable from Participants: Employees are allowed to borrow from their contributions and vested Company contributions (collectively the Accrued Benefit). Notes receivable are secured by the participant's account. The notes receivable balance outstanding cannot exceed the lesser of: (i) 50% of the employee's vested account, or (ii) a maximum of \$50,000. Interest rates range from 4.25% to 8.75% and loans mature at various dates through September 2022.

Vesting: Participant's interests in their own contributions are fully vested at all times. Participants hired on or after January 1, 2009 are fully vested in nonelective employer contributions and matching employer contributions after three years of service. Participants hired prior to January 1, 2009, are fully vested in nonelective employer contributions and matching employer contributions. Participants hired by Ferring Research Institute Inc. prior to January 1, 2011 are vested in discretionary employer match after one year of service. A year of service is defined as at least 1,000 hours worked in a consecutive twelve-month period. In the event participants leave the Company for any reason, they are entitled to receive their vested account balance. Participants become fully vested in balances upon death, disability and retirement. The normal benefit under the Plan is a lump sum payment equal to the participant's vested account balance upon retirement.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan (Continued)

Forfeitures: If a participant terminates employment with the Company and is less than 100% vested in the Company contributions, the participant will forfeit the non-vested portion of their Company match and discretionary contributions. A forfeiture will occur in the Plan year that the participant receives a distribution of their vested account. Any amounts forfeited would be used to pay administrative expenses and reduce current Company matching contributions. Forfeited non-vested accounts totaled \$67,650 and \$44 at December 31, 2013 and 2012, respectively. During 2013, \$94,721 was used to reduce employer matching contributions and no forfeitures were used to pay administrative expenses.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

#### Note 2. Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Ferring Pharmaceuticals Retirement Plan Committee confirms the Plan's valuation policies utilizing information provided by the investment trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions: Contributions from Plan participants and the matching contribution from the Plan Sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Employer discretionary contributions are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: As provided by the Plan agreement, administrative expenses related to Plan investments and recordkeeping are paid by the Plan and other administrative expenses are paid by the Plan Sponsor. Loan origination fees are charged to the borrower/participant.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Income Taxes:** GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

**Accounting Pronouncement Adopted:** In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The adoption of this update was not significant to these financial statements.

#### Note 3. Plan Merger

Ferring Pharmaceuticals Inc., the Plan's Sponsor, merged the Ferring Pharmaceuticals Inc. Defined Contribution Plan into the Ferring Pharmaceuticals Inc. 401(k) Savings Plan, effective December 1, 2013. All plan assets were transferred to the Ferring Pharmaceuticals Inc. 401(k) Savings Plan on December 3, 2013.

#### Note 4. Information Certified or Provided by Fidelity Management Trust Company

The following is a summary of the Plan's asset information as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

|                                    | 2013                 | 2012                 |
|------------------------------------|----------------------|----------------------|
| Registered investment companies    | <u>\$ 47,375,374</u> | <u>\$ 28,781,401</u> |
| Notes receivable from participants | <u>\$ 401,368</u>    | <u>\$ 432,879</u>    |

Fidelity Management Trust Company also certified to the completeness and accuracy of \$5,503,014 of net appreciation in fair value of investments and \$1,740,526 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2013.

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), which consist entirely of registered investment companies, appreciated in value by \$5,503,014.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

# Ferring Pharmaceuticals Inc. 401(k) Savings Plan

## Notes to Financial Statements

### Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

| Assets at Fair Value as of December 31, 2013         |                      |             |             |                      |
|------------------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                                      | Level 1              | Level 2     | Level 3     | Total                |
| Registered investment companies                      |                      |             |             |                      |
| Money market fund                                    | \$ 2,517,482         | \$ -        | \$ -        | \$ 2,517,482         |
| High yield bond fund                                 | 1,901,425            | -           | -           | 1,901,425            |
| Large-cap growth fund                                | 9,955,161            | -           | -           | 9,955,161            |
| Large-cap blend fund                                 | 18,875,031           | -           | -           | 18,875,031           |
| Large-cap value fund                                 | 1,711,906            | -           | -           | 1,711,906            |
| Mid-cap growth fund                                  | 4,096,485            | -           | -           | 4,096,485            |
| Mid-cap blend fund                                   | 321,863              | -           | -           | 321,863              |
| Mid-cap value fund                                   | 2,631,589            | -           | -           | 2,631,589            |
| Small-cap growth fund                                | 253,561              | -           | -           | 253,561              |
| Small-cap blend fund                                 | 1,667,448            | -           | -           | 1,667,448            |
| Small-cap value fund                                 | 535,037              | -           | -           | 535,037              |
| Long term government fund                            | 2,849,844            | -           | -           | 2,849,844            |
| Intermediate government fund                         | 58,542               | -           | -           | 58,542               |
| Total registered investment companies, at fair value | <u>\$ 47,375,374</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 47,375,374</u> |

| Assets at Fair Value as of December 31, 2012         |                      |             |             |                      |
|------------------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                                      | Level 1              | Level 2     | Level 3     | Total                |
| Registered investment companies                      |                      |             |             |                      |
| Money market fund                                    | \$ 2,148,307         | \$ -        | \$ -        | \$ 2,148,307         |
| High yield bond fund                                 | 1,698,248            | -           | -           | 1,698,248            |
| Large-cap growth fund                                | 11,857,360           | -           | -           | 11,857,360           |
| Large-cap blend fund                                 | 3,190,120            | -           | -           | 3,190,120            |
| Large-cap value fund                                 | 1,067,965            | -           | -           | 1,067,965            |
| Mid-cap growth fund                                  | 3,044,587            | -           | -           | 3,044,587            |
| Mid-cap blend fund                                   | 44,511               | -           | -           | 44,511               |
| Mid-cap value fund                                   | 1,827,257            | -           | -           | 1,827,257            |
| Small-cap growth fund                                | 1,138,921            | -           | -           | 1,138,921            |
| Small-cap value fund                                 | 141,028              | -           | -           | 141,028              |
| Long term government fund                            | 2,565,002            | -           | -           | 2,565,002            |
| Intermediate government fund                         | 58,095               | -           | -           | 58,095               |
| Total registered investment companies, at fair value | <u>\$ 28,781,401</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 28,781,401</u> |

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements (Continued)

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of Levels 1, 2, or 3.

#### Note 6. Investments

The current value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

|                                                  | 2013         | 2012         |
|--------------------------------------------------|--------------|--------------|
| Fidelity Balanced Fund                           | \$ 3,354,384 | \$ 2,578,972 |
| Fidelity Capital & Income Fund                   | *            | 1,545,333    |
| Fidelity Contrafund                              | 5,191,181    | *            |
| Fidelity Diversified International Fund          | *            | 2,264,103    |
| Fidelity Growth Company Fund                     | *            | 2,482,035    |
| Fidelity Mid Cap Stock Fund                      | 4,096,485    | 1,633,653    |
| Fidelity Retirement Government Money Market Fund | *            | 1,756,217    |
| Fidelity Retirement Money Market Fund            | 2,517,482    | *            |
| Fidelity Total Bond Fund                         | 2,849,844    | *            |
| Fidelity Value Fund                              | 2,631,589    | 1,578,610    |
| Spartan 500 Index Adv Fund                       | 3,436,965    | 2,152,339    |
| Spartan Global ex U.S. Index Adv Fund            | 3,009,066    | *            |
| Spartan U.S. Bond Index Inv Fund                 | *            | 2,232,944    |

\* Investment did not comprise 5% or more of the Plan's net assets available for benefits as of the date indicated.

#### Note 7. Plan Termination

While the Company intends to continue the Plan, it reserves the right to change or terminate the Plan at any time. In the event the Plan should terminate, the Company will facilitate the distribution of account balances under the provisions of the Plan and Trust Agreement until all assets have been distributed by the Trustee. Upon completion of such distributions, the Trust will terminate, the Trustee will be relieved of all liability under the Trust Agreement, and no participant or other person will have claims thereunder, except as required by applicable law.

#### Note 8. Related Party Transactions

Certain plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

#### Note 9. Income Tax Status

The Plan is intended to be qualified under 401(a) of the Internal Revenue Code of 1986 (the Code) and is intended to be exempt from taxation under 501(a) of the Code. The Company adopted a non-standardized prototype plan which received an Internal Revenue Service (IRS) opinion letter dated March 31, 2008. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 10. Subsequent Events

The Plan has evaluated subsequent events (events occurring after December 31, 2013) through September 29, 2014, the date the financial statements were available to be issued. In February 2014, the Plan was amended to establish a feature that automatically enrolls all newly hired eligible employees at a 3% deferral rate on all eligible compensation, as defined. Employees have the option to either decline enrollment or adjust the deferral rate percentage.

#### Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                                                | <u>2013</u>                 | <u>2012</u>                 |
|----------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | <b>\$ 49,882,527</b>        | \$ 29,295,011               |
| Differences in:                                                |                             |                             |
| Investments - participant loans                                | <b>401,368</b>              | 432,879                     |
| Receivables - notes receivable from participants               | <b>(401,368)</b>            | (432,879)                   |
| Receivables - employer matching contributions receivable       | <b>(149,750)</b>            | (80,731)                    |
| Receivables - employer profit sharing contributions receivable | <b>(1,956,035)</b>          | -                           |
| Net assets available for benefits per the Form 5500            | <b><u>\$ 47,776,742</u></b> | <b><u>\$ 29,214,280</u></b> |

The following is a reconciliation of contributions per the financial statements to the Form 5500:

|                                              | <u>2013</u>                |
|----------------------------------------------|----------------------------|
| Contributions per the financial statements   | <b>\$ 10,123,422</b>       |
| Differences in:                              |                            |
| Contributions receivable - December 31, 2012 | <b>80,731</b>              |
| Contributions receivable - December 31, 2013 | <b><u>(2,105,785)</u></b>  |
| Contributions per the Form 5500              | <b><u>\$ 8,098,368</u></b> |

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2013**

|     | (b)                             | (c)                                                                    |      |               |
|-----|---------------------------------|------------------------------------------------------------------------|------|---------------|
|     | Identity of Issuer, Borrower,   | Description of Investment Including                                    | (d)  | (e)           |
| (a) | Lessor, or Similar Party        | Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |
|     | Registered investment companies |                                                                        |      |               |
| *   | Fidelity Management Trust Co.   | Balanced Fund                                                          | **   | \$ 3,354,384  |
| *   | Fidelity Management Trust Co.   | Contrafund                                                             | **   | 5,191,181     |
| *   | Fidelity Management Trust Co.   | Freedom 2010 Fund                                                      | **   | 94,741        |
| *   | Fidelity Management Trust Co.   | Freedom 2015 Fund                                                      | **   | 354,429       |
| *   | Fidelity Management Trust Co.   | Freedom 2020 Fund                                                      | **   | 567,594       |
| *   | Fidelity Management Trust Co.   | Freedom 2025 Fund                                                      | **   | 1,750,429     |
| *   | Fidelity Management Trust Co.   | Freedom 2030 Fund                                                      | **   | 1,988,686     |
| *   | Fidelity Management Trust Co.   | Freedom 2035 Fund                                                      | **   | 1,383,004     |
| *   | Fidelity Management Trust Co.   | Freedom 2040 Fund                                                      | **   | 2,317,688     |
| *   | Fidelity Management Trust Co.   | Freedom 2045 Fund                                                      | **   | 1,899,751     |
| *   | Fidelity Management Trust Co.   | Freedom 2050 Fund                                                      | **   | 420,413       |
| *   | Fidelity Management Trust Co.   | Freedom 2055 Fund                                                      | **   | 9,528         |
| *   | Fidelity Management Trust Co.   | Freedom Income                                                         | **   | 27,507        |
| *   | Fidelity Management Trust Co.   | High Income Fund                                                       | **   | 1,901,425     |
| *   | Fidelity Management Trust Co.   | Mid Cap Stock Fund                                                     | **   | 4,096,485     |
| *   | Fidelity Management Trust Co.   | Small Cap Value Fund                                                   | **   | 535,037       |
| *   | Fidelity Management Trust Co.   | Total Bond Fund                                                        | **   | 2,849,844     |
| *   | Fidelity Management Trust Co.   | Value Fund                                                             | **   | 2,631,589     |
| *   | Fidelity Management Trust Co.   | Worldwide Fund                                                         | **   | 1,409,596     |
|     | Invesco                         | Diversified Dividend Fund                                              | **   | 1,711,906     |
|     | Janus                           | Triton Fund Class T Fund                                               | **   | 253,561       |
|     | Sentinel                        | Common Stock Fund Class I Fund                                         | **   | 1,335,663     |
|     | Spartan                         | 500 Index Adv Fund                                                     | **   | 3,436,965     |
|     | Spartan                         | Global ex U.S. Index Adv Fund                                          | **   | 3,009,066     |
|     | Spartan                         | Mid Cap Index Adv Fund                                                 | **   | 261,497       |
|     | Spartan                         | Small Cap Index Adv Fund                                               | **   | 1,667,448     |
|     | Virtus                          | Real Estate Securities Fund Class I Fund                               | **   | 60,365        |
|     | Wells Fargo                     | Emerging Markets Equity Fund                                           | **   | 279,568       |
|     | Wells Fargo                     | Government Securities Fund                                             | **   | 58,542        |
|     | Interest-bearing cash           |                                                                        |      |               |
| *   | Fidelity Management Trust Co.   | Retirement Money Market Fund                                           | **   | 2,517,482     |
| *   | Participant loans               | 4.25% to 8.75% maturing through 2022                                   | -    | 401,368       |
|     |                                 |                                                                        |      | \$ 47,776,742 |

\* Designates party-in-interest.

\*\* All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.

# **Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

Financial Report  
December 31, 2013

## Contents

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## **Independent Auditor's Report**

To the Trustees and Participants  
Ferring Pharmaceuticals Inc. 401(k) Savings Plan  
Parsippany, New Jersey

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Ferring Pharmaceuticals Inc. 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4, 5 and 6 which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Emphasis of Matter**

As discussed in Note 3 to the financial statements, Ferring Pharmaceuticals Inc., the Plan's Sponsor, merged the Ferring Pharmaceuticals Inc. Defined Contribution Plan into the Ferring Pharmaceuticals Inc. 401(k) Savings Plan, effective December 1, 2013. All plan assets were transferred to the Ferring Pharmaceuticals Inc. 401(k) Savings Plan on December 3, 2013. Our disclaimer of opinion has not been modified with respect to this matter.

**Other Matter**

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Blue Bell, Pennsylvania  
September 29, 2014

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2013 and 2012**

|                                              | 2013                     | 2012                     |
|----------------------------------------------|--------------------------|--------------------------|
| <b>Assets</b>                                |                          |                          |
| Investments, at fair value                   |                          |                          |
| Registered investment companies              | <b>\$ 47,375,374</b>     | \$ 28,781,401            |
| <b>Total investments, at fair value</b>      | <b>47,375,374</b>        | 28,781,401               |
| Receivables                                  |                          |                          |
| Notes receivable from participants           | <b>401,368</b>           | 432,879                  |
| Employer matching contributions              | <b>149,750</b>           | 80,731                   |
| Employer profit sharing contribution         | <b>1,956,035</b>         | -                        |
| <b>Total receivables</b>                     | <b>2,507,153</b>         | 513,610                  |
| <br><b>Net assets available for benefits</b> | <br><b>\$ 49,882,527</b> | <br><b>\$ 29,295,011</b> |

See Notes to Financial Statements.

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2013**

|                                                      |                             |
|------------------------------------------------------|-----------------------------|
| <b>Additions</b>                                     |                             |
| Investment Income                                    |                             |
| Net appreciation in fair value of investments        | \$ 5,503,014                |
| Dividends                                            | 1,720,121                   |
| Interest on participants' notes receivable           | 20,405                      |
| <b>Total investment income</b>                       | <u>7,243,540</u>            |
| Contributions                                        |                             |
| Participants                                         | 4,846,245                   |
| Employer matching                                    | 1,801,061                   |
| Employer profit sharing                              | 1,956,035                   |
| Rollover                                             | 1,520,081                   |
| <b>Total contributions</b>                           | <u>10,123,422</u>           |
| <b>Total additions</b>                               | <u>17,366,962</u>           |
| <b>Deductions</b>                                    |                             |
| Distributions to Participants                        | 2,463,299                   |
| Administrative Expenses                              | 10,683                      |
| <b>Total deductions</b>                              | <u>2,473,982</u>            |
| <b>Increase in net assets available for benefits</b> | 14,892,980                  |
| Transfer of Assets into the Plan (Note 3)            | 5,694,536                   |
| Net Assets Available for Benefits                    |                             |
| Beginning                                            | <u>29,295,011</u>           |
| Ending                                               | <u><u>\$ 49,882,527</u></u> |

See Notes to Financial Statements.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan

General: The Ferring Pharmaceuticals Inc. 401(k) Savings Plan (the Plan) was established in 1997 to encourage and assist employees of Ferring Pharmaceuticals Inc. (the Company or the Plan Sponsor) to save for the future on a regular basis and to help provide additional investment assets for their retirement. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of the Company. There are no minimum age or service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Earnings accumulate in the Plan with deferral of Federal and state income tax. Plan participants are permitted to borrow against their account in accordance with specific rules and regulations. Fidelity Management Trust Company (Fidelity or the Trustee) is the Trustee of Plan assets. The Ferring Pharmaceuticals Retirement Plan Committee is responsible for oversight of the Plan. The Ferring Pharmaceuticals Retirement Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participant Contributions: Employee basic contributions are based on specified percentages of gross pay. The maximum percentage contributed under this provision of the Plan is 60% of annual compensation, plus any profit sharing contributions (discussed below), as defined in the Plan. Tax deferred contributions were limited to a maximum of \$17,500 for 2013 and \$17,000 for 2012. Certain participants (age 50 or older) can make an additional catch-up contribution of \$5,500 for both 2013 and 2012.

Employer Contributions: On a discretionary basis the Company matches 65% of the first 6% of eligible compensation that a participant contributes to the Plan. Additionally, the Company, at its discretion, may make other contributions on behalf of its eligible employees. Employees are eligible to receive an allocation of this discretionary Company contribution if they have completed one year of service as of January 1 or July 1 and were employed at year-end.

Discretionary Contributions: The Company may make a discretionary contribution to the Plan each year in an amount equal to a percentage of annual compensation for the Plan year for persons who met the eligibility requirements discussed above. The allocation of the contribution to each employee is based on when the employee was hired. Any employee hired prior to January 1, 2011 receives 6.25%, employees hired on or after January 1, 2011 receive 3% and employees of an adopting employer receive 3%. The contribution is not to exceed the maximum amount per Internal Revenue Service limits.

Notes Receivable from Participants: Employees are allowed to borrow from their contributions and vested Company contributions (collectively the Accrued Benefit). Notes receivable are secured by the participant's account. The notes receivable balance outstanding cannot exceed the lesser of: (i) 50% of the employee's vested account, or (ii) a maximum of \$50,000. Interest rates range from 4.25% to 8.75% and loans mature at various dates through September 2022.

Vesting: Participant's interests in their own contributions are fully vested at all times. Participants hired on or after January 1, 2009 are fully vested in nonelective employer contributions and matching employer contributions after three years of service. Participants hired prior to January 1, 2009, are fully vested in nonelective employer contributions and matching employer contributions. Participants hired by Ferring Research Institute Inc. prior to January 1, 2011 are vested in discretionary employer match after one year of service. A year of service is defined as at least 1,000 hours worked in a consecutive twelve-month period. In the event participants leave the Company for any reason, they are entitled to receive their vested account balance. Participants become fully vested in balances upon death, disability and retirement. The normal benefit under the Plan is a lump sum payment equal to the participant's vested account balance upon retirement.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 1. Description of Plan (Continued)

Forfeitures: If a participant terminates employment with the Company and is less than 100% vested in the Company contributions, the participant will forfeit the non-vested portion of their Company match and discretionary contributions. A forfeiture will occur in the Plan year that the participant receives a distribution of their vested account. Any amounts forfeited would be used to pay administrative expenses and reduce current Company matching contributions. Forfeited non-vested accounts totaled \$67,650 and \$44 at December 31, 2013 and 2012, respectively. During 2013, \$94,721 was used to reduce employer matching contributions and no forfeitures were used to pay administrative expenses.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

#### Note 2. Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Ferring Pharmaceuticals Retirement Plan Committee confirms the Plan's valuation policies utilizing information provided by the investment trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions: Contributions from Plan participants and the matching contribution from the Plan Sponsor are recorded in the year in which the participant contributions are withheld from amounts paid. Employer discretionary contributions are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: As provided by the Plan agreement, administrative expenses related to Plan investments and recordkeeping are paid by the Plan and other administrative expenses are paid by the Plan Sponsor. Loan origination fees are charged to the borrower/participant.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Income Taxes:** GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

**Accounting Pronouncement Adopted:** In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The adoption of this update was not significant to these financial statements.

#### Note 3. Plan Merger

Ferring Pharmaceuticals Inc., the Plan's Sponsor, merged the Ferring Pharmaceuticals Inc. Defined Contribution Plan into the Ferring Pharmaceuticals Inc. 401(k) Savings Plan, effective December 1, 2013. All plan assets were transferred to the Ferring Pharmaceuticals Inc. 401(k) Savings Plan on December 3, 2013.

#### Note 4. Information Certified or Provided by Fidelity Management Trust Company

The following is a summary of the Plan's asset information as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets:

|                                    | 2013                 | 2012                 |
|------------------------------------|----------------------|----------------------|
| Registered investment companies    | <u>\$ 47,375,374</u> | <u>\$ 28,781,401</u> |
| Notes receivable from participants | <u>\$ 401,368</u>    | <u>\$ 432,879</u>    |

Fidelity Management Trust Company also certified to the completeness and accuracy of \$5,503,014 of net appreciation in fair value of investments and \$1,740,526 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2013.

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), which consist entirely of registered investment companies, appreciated in value by \$5,503,014.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

# Ferring Pharmaceuticals Inc. 401(k) Savings Plan

## Notes to Financial Statements

### Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

| Assets at Fair Value as of December 31, 2013         |                      |             |             |                      |
|------------------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                                      | Level 1              | Level 2     | Level 3     | Total                |
| Registered investment companies                      |                      |             |             |                      |
| Money market fund                                    | \$ 2,517,482         | \$ -        | \$ -        | \$ 2,517,482         |
| High yield bond fund                                 | 1,901,425            | -           | -           | 1,901,425            |
| Large-cap growth fund                                | 9,955,161            | -           | -           | 9,955,161            |
| Large-cap blend fund                                 | 18,875,031           | -           | -           | 18,875,031           |
| Large-cap value fund                                 | 1,711,906            | -           | -           | 1,711,906            |
| Mid-cap growth fund                                  | 4,096,485            | -           | -           | 4,096,485            |
| Mid-cap blend fund                                   | 321,863              | -           | -           | 321,863              |
| Mid-cap value fund                                   | 2,631,589            | -           | -           | 2,631,589            |
| Small-cap growth fund                                | 253,561              | -           | -           | 253,561              |
| Small-cap blend fund                                 | 1,667,448            | -           | -           | 1,667,448            |
| Small-cap value fund                                 | 535,037              | -           | -           | 535,037              |
| Long term government fund                            | 2,849,844            | -           | -           | 2,849,844            |
| Intermediate government fund                         | 58,542               | -           | -           | 58,542               |
| Total registered investment companies, at fair value | <u>\$ 47,375,374</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 47,375,374</u> |

| Assets at Fair Value as of December 31, 2012         |                      |             |             |                      |
|------------------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                                      | Level 1              | Level 2     | Level 3     | Total                |
| Registered investment companies                      |                      |             |             |                      |
| Money market fund                                    | \$ 2,148,307         | \$ -        | \$ -        | \$ 2,148,307         |
| High yield bond fund                                 | 1,698,248            | -           | -           | 1,698,248            |
| Large-cap growth fund                                | 11,857,360           | -           | -           | 11,857,360           |
| Large-cap blend fund                                 | 3,190,120            | -           | -           | 3,190,120            |
| Large-cap value fund                                 | 1,067,965            | -           | -           | 1,067,965            |
| Mid-cap growth fund                                  | 3,044,587            | -           | -           | 3,044,587            |
| Mid-cap blend fund                                   | 44,511               | -           | -           | 44,511               |
| Mid-cap value fund                                   | 1,827,257            | -           | -           | 1,827,257            |
| Small-cap growth fund                                | 1,138,921            | -           | -           | 1,138,921            |
| Small-cap value fund                                 | 141,028              | -           | -           | 141,028              |
| Long term government fund                            | 2,565,002            | -           | -           | 2,565,002            |
| Intermediate government fund                         | 58,095               | -           | -           | 58,095               |
| Total registered investment companies, at fair value | <u>\$ 28,781,401</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 28,781,401</u> |

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements (Continued)

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of Levels 1, 2, or 3.

#### Note 6. Investments

The current value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

|                                                  | 2013         | 2012         |
|--------------------------------------------------|--------------|--------------|
| Fidelity Balanced Fund                           | \$ 3,354,384 | \$ 2,578,972 |
| Fidelity Capital & Income Fund                   | *            | 1,545,333    |
| Fidelity Contrafund                              | 5,191,181    | *            |
| Fidelity Diversified International Fund          | *            | 2,264,103    |
| Fidelity Growth Company Fund                     | *            | 2,482,035    |
| Fidelity Mid Cap Stock Fund                      | 4,096,485    | 1,633,653    |
| Fidelity Retirement Government Money Market Fund | *            | 1,756,217    |
| Fidelity Retirement Money Market Fund            | 2,517,482    | *            |
| Fidelity Total Bond Fund                         | 2,849,844    | *            |
| Fidelity Value Fund                              | 2,631,589    | 1,578,610    |
| Spartan 500 Index Adv Fund                       | 3,436,965    | 2,152,339    |
| Spartan Global ex U.S. Index Adv Fund            | 3,009,066    | *            |
| Spartan U.S. Bond Index Inv Fund                 | *            | 2,232,944    |

\* Investment did not comprise 5% or more of the Plan's net assets available for benefits as of the date indicated.

#### Note 7. Plan Termination

While the Company intends to continue the Plan, it reserves the right to change or terminate the Plan at any time. In the event the Plan should terminate, the Company will facilitate the distribution of account balances under the provisions of the Plan and Trust Agreement until all assets have been distributed by the Trustee. Upon completion of such distributions, the Trust will terminate, the Trustee will be relieved of all liability under the Trust Agreement, and no participant or other person will have claims thereunder, except as required by applicable law.

#### Note 8. Related Party Transactions

Certain plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

#### Note 9. Income Tax Status

The Plan is intended to be qualified under 401(a) of the Internal Revenue Code of 1986 (the Code) and is intended to be exempt from taxation under 501(a) of the Code. The Company adopted a non-standardized prototype plan which received an Internal Revenue Service (IRS) opinion letter dated March 31, 2008. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## Ferring Pharmaceuticals Inc. 401(k) Savings Plan

### Notes to Financial Statements

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#### Note 10. Subsequent Events

The Plan has evaluated subsequent events (events occurring after December 31, 2013) through September 29, 2014, the date the financial statements were available to be issued. In February 2014, the Plan was amended to establish a feature that automatically enrolls all newly hired eligible employees at a 3% deferral rate on all eligible compensation, as defined. Employees have the option to either decline enrollment or adjust the deferral rate percentage.

#### Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                                                | <u>2013</u>                 | <u>2012</u>                 |
|----------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | <b>\$ 49,882,527</b>        | \$ 29,295,011               |
| Differences in:                                                |                             |                             |
| Investments - participant loans                                | <b>401,368</b>              | 432,879                     |
| Receivables - notes receivable from participants               | <b>(401,368)</b>            | (432,879)                   |
| Receivables - employer matching contributions receivable       | <b>(149,750)</b>            | (80,731)                    |
| Receivables - employer profit sharing contributions receivable | <b>(1,956,035)</b>          | -                           |
| Net assets available for benefits per the Form 5500            | <b><u>\$ 47,776,742</u></b> | <b><u>\$ 29,214,280</u></b> |

The following is a reconciliation of contributions per the financial statements to the Form 5500:

|                                              | <u>2013</u>                |
|----------------------------------------------|----------------------------|
| Contributions per the financial statements   | <b>\$ 10,123,422</b>       |
| Differences in:                              |                            |
| Contributions receivable - December 31, 2012 | <b>80,731</b>              |
| Contributions receivable - December 31, 2013 | <b><u>(2,105,785)</u></b>  |
| Contributions per the Form 5500              | <b><u>\$ 8,098,368</u></b> |

**Ferring Pharmaceuticals Inc. 401(k) Savings Plan**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2013**

|     | (b)                             | (c)                                                                    |      |                      |
|-----|---------------------------------|------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer, Borrower,   | Description of Investment Including                                    | (d)  | (e)                  |
| (a) | Lessor, or Similar Party        | Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value        |
|     | Registered investment companies |                                                                        |      |                      |
| *   | Fidelity Management Trust Co.   | Balanced Fund                                                          | **   | \$ 3,354,384         |
| *   | Fidelity Management Trust Co.   | Contrafund                                                             | **   | 5,191,181            |
| *   | Fidelity Management Trust Co.   | Freedom 2010 Fund                                                      | **   | 94,741               |
| *   | Fidelity Management Trust Co.   | Freedom 2015 Fund                                                      | **   | 354,429              |
| *   | Fidelity Management Trust Co.   | Freedom 2020 Fund                                                      | **   | 567,594              |
| *   | Fidelity Management Trust Co.   | Freedom 2025 Fund                                                      | **   | 1,750,429            |
| *   | Fidelity Management Trust Co.   | Freedom 2030 Fund                                                      | **   | 1,988,686            |
| *   | Fidelity Management Trust Co.   | Freedom 2035 Fund                                                      | **   | 1,383,004            |
| *   | Fidelity Management Trust Co.   | Freedom 2040 Fund                                                      | **   | 2,317,688            |
| *   | Fidelity Management Trust Co.   | Freedom 2045 Fund                                                      | **   | 1,899,751            |
| *   | Fidelity Management Trust Co.   | Freedom 2050 Fund                                                      | **   | 420,413              |
| *   | Fidelity Management Trust Co.   | Freedom 2055 Fund                                                      | **   | 9,528                |
| *   | Fidelity Management Trust Co.   | Freedom Income                                                         | **   | 27,507               |
| *   | Fidelity Management Trust Co.   | High Income Fund                                                       | **   | 1,901,425            |
| *   | Fidelity Management Trust Co.   | Mid Cap Stock Fund                                                     | **   | 4,096,485            |
| *   | Fidelity Management Trust Co.   | Small Cap Value Fund                                                   | **   | 535,037              |
| *   | Fidelity Management Trust Co.   | Total Bond Fund                                                        | **   | 2,849,844            |
| *   | Fidelity Management Trust Co.   | Value Fund                                                             | **   | 2,631,589            |
| *   | Fidelity Management Trust Co.   | Worldwide Fund                                                         | **   | 1,409,596            |
|     | Invesco                         | Diversified Dividend Fund                                              | **   | 1,711,906            |
|     | Janus                           | Triton Fund Class T Fund                                               | **   | 253,561              |
|     | Sentinel                        | Common Stock Fund Class I Fund                                         | **   | 1,335,663            |
|     | Spartan                         | 500 Index Adv Fund                                                     | **   | 3,436,965            |
|     | Spartan                         | Global ex U.S. Index Adv Fund                                          | **   | 3,009,066            |
|     | Spartan                         | Mid Cap Index Adv Fund                                                 | **   | 261,497              |
|     | Spartan                         | Small Cap Index Adv Fund                                               | **   | 1,667,448            |
|     | Virtus                          | Real Estate Securities Fund Class I Fund                               | **   | 60,365               |
|     | Wells Fargo                     | Emerging Markets Equity Fund                                           | **   | 279,568              |
|     | Wells Fargo                     | Government Securities Fund                                             | **   | 58,542               |
|     | Interest-bearing cash           |                                                                        |      |                      |
| *   | Fidelity Management Trust Co.   | Retirement Money Market Fund                                           | **   | 2,517,482            |
| *   | Participant loans               | 4.25% to 8.75% maturing through 2022                                   | -    | 401,368              |
|     |                                 |                                                                        |      | <u>\$ 47,776,742</u> |

\* Designates party-in-interest.

\*\* All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.