

IMPAX LABORATORIES INC

Reported by **NESTOR MICHAEL**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/08/11 for the Period Ending 06/06/11

Address 30831 HUNTWOOD AVENUE

HAYWARD, CA 94544

Telephone 510-240-6000

CIK 0001003642

Symbol IPXL

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol							Sym		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
NESTOR MICHAEL				IMPAX LABORATORIES INC [IPXL]							;	Directo	г	_	10% O	wner		
(Last) (First) (Middle) C/O IMPAX LABORATORIES,				3. Date of Earliest Transaction (MM/DD/YYYY) 6/6/2011							/YYY	below)	X Officer (give title below) Other (specify below) President, Impax Pharm. Div.					
INC., 30831 F AVENUE	HUNTW																	
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)				
HAYWARD, CA 94544 (City) (State) (Zip)												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1			Trans. ate	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (Disposed of (Instr. 3, 4		(A) or of (D) (In and 5)		Following Re	. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						uny	Code	v	Amount	(A or (D	r	rice					(I) (Instr. 4)	(Instr. 1)
Common Stock 6/				/6/2011		F		2751 (1)	D	\$23	3.29		59453			D		
Common Stock														3	645		I	By Spouse
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	Deemed Execution	4. Trans. Code (Instr.	8) Acqu Dispo	5. Number of Derivative Securities Acquired (A) or Disposed of (D)						7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		Derivative Security (Instr. 5)		derivative Securities Beneficially Owned	Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code			V (A)	(D)	Date Expiration Date Title Amount or March Shares				of		(s) (Instr. 4)							

Explanation of Responses:

(1) These shares of common stock were withheld by the issuer upon the vesting of a restricted stock award to satisfy Mr. Nestor's payroll tax withholding obligations. Such withholding is treated as a disposition of securities under Section 16 of the Securities Exchange Act of 1934, as amended.

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

Reporting Owners	
	Relationships

Reporting Owner Name / Address	Director 10% Owner	Officer	Other
NESTOR MICHAEL			
C/O IMPAX LABORATORIES, INC.		D :1 (I D) D:	
30831 HUNTWOOD AVENUE		President, Impax Pharm. Div.	
HAYWARD, CA 94544			

Signatures

/s/ James J. Devlin, Jr., by Power of Attorney

** Signature of Reporting Person

Date

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

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.