NOVARTIS AG Form 4/A December 09, 2011

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue. See Instruction

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(h) of the Investment Company Act of 1940

burden hours per response...

1(b).

(Print or Type Responses)

1. Name and A NOVARTIS	Address of Reporting S AG	<b>:</b> 1	Symbol	Name and PHARM [X]				5. Relationship of Issuer (Che	f Reporting Pers		
(Last) LICHSTRA	, , , , ,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2011			below)	e titleX_ Oth below) rect 10% Owner				
BASEL, V8	(Street)	1	4. If Amendment, Date Original Filed(Month/Day/Year) 11/22/2011					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivativ	e Secur	ities Acq	uired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any (Month/Da	ed Date, if	3. Transaction Code (Instr. 8)	4. Secu	rities A Dispose 3, 4 and (A)	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	11/22/2011			P	6,476	A	\$ 2.96 (1)	33,202,903	I	See footnote (2)	
Common Stock	11/22/2011			P	20,28 (3)	8 A	\$ 4.7	33,224,477	I	See footnote (2)	

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

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.

SEC 1474

(9-02)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable Date		of			
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NOVARTIS AG LICHSTRASSE 35 BASEL, V8 CH4002				Indirect 10% Owner			
NOVARTIS PHARMA AG LICHSTRASSE 35 BASEL, V8 CH4002		X		10% OWNER			
<u>^!                              </u>							

### **Signatures**

/s/ Felix Eichhorn Authorized Signatory	12/09/2011		
**Signature of Reporting Person	Date		
/s/ Matt Owens Authorized Signatory	12/09/2011		
**Signature of Reporting Person	Date		

# **Explanation of Responses:**

- \* 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).
- (1) Price is corrected from \$2.95 to \$2.96.
- These securities are owned directly by Novartis Pharma AG, a direct, wholly-owned subsidiary of Novartis AG. Novartis AG is an indirect beneficial owner of these securities. See attachment.
- (3) The amount of securities acquired is corrected from 20,228 to 20,288.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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