WARNER CHILCOTT LTD

FORM 3
(Initial Statement of Beneficial Ownership)

Filed 9/21/2006 For Period Ending 9/20/2006

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Industry	Not Assigned
Fiscal Year	12/31

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FORM 3

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

OMB APPROVAL
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INITIAL STATEMENT OF 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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *	2. Date of Event Requiring Statement (MM/DD/YYYY)	3. Issuer Name **and** Ticker or Trading Symbol
ABBRECHT TODD M	**9/20/2006**	**Warner Chilcott Ltd [WCRX]**
(Last) (First) (Middle) **C/O THOMAS H. LEE PARTNERS, L.P., 100 FEDERAL ST., 35TH FLOOR**	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) __ **X** __ Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below)	
(Street) **BOSTON, MA 02110** (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	**37443662**	**I** (1) (2)	**See Footnotes 1 and 2**

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

(1) Represents shares of the Issuer held directly by Thomas H. Lee (Alternative) Fund V, L.P. ("Alternative Fund"), Thomas H. Lee (Alternative) Parallel Fund V, L.P. ("Alternative Parallel Fund"), Thomas H. Lee (Alternative) Cayman Fund V, L.P. ("Alternative Cayman Fund" and together with Alternative Fund and Alternative Parallel Fund, the "Alternative Funds") and Thomas H. Lee Investors Limited Partnership ("THL Investors" and together with the Alternative Funds, the "Funds"). The Reporting Person is a Member of Thomas H. Lee Advisors (Alternative) V Limited, LDC, which is the general partner of THL Advisors (Alternative) V, L.P., which is the general partner of each of the Alternative Funds. The Reporting Person is a Vice President of THL Investment Management Corp., which is the general partner of THL Investors. Therefore, the Reporting Person may be deemed to beneficially own the shares of the Issuer held directly by each of the Funds.

(2) The Reporting Person disclaims beneficial ownership of such shares, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose, except to the extent of his pecuniary

interest therein.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ABBRECHT TODD M **C/O THOMAS H. LEE PARTNERS, L.P.** **100 FEDERAL ST., 35TH FLOOR** **BOSTON, MA 02110**	**X**			

Signatures

/s/ Todd M. Abbrecht **9/21/2006**

** 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 5(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.