#### Edgar Filing: CVS HEALTH Corp - Form 4

Form 4	H Corp										
October 28, 2	015										
FORM	4		GECUD			TT A N				PROVAL	
Washington, D.C. 20549							DMM15510N	OMB Number:	3235-0287		
Check this if no longe	Check this box								Expires:	January 31, 2005	
subject to Section 16							ERSHIP OF	Estimated average burden hours per response 0.5			
Form 5 obligation may contin <i>See</i> Instruct 1(b).	$\frac{1}{1}$ section $1$	7(a) of the		lity Hold	ing Com	pany	Act of 1	Act of 1934, 935 or Section			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Brennan Troyen A			2. Issuer Name <b>and</b> Ticker or Trading Symbol CVS HEALTH Corp [CVS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction							)	
				Month/Day/Year) 0/27/2015				Director       10% Owner         Officer (give title       Other (specify below)         EVP, Chief Medical Officer			
	(Street)			dment, Dat h/Day/Year)	-		A	5. Individual or Joi Applicable Line) X_ Form filed by O	-	-	
WOONSOC	KET, RI 0289	5					_	Form filed by Mo Person			
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			on Date, if	3. Transactio Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
G				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	10/27/2015			М	23,603	А	\$ 54.53	85,444.059	D		
Common Stock	10/27/2015			<u>S(1)</u>	23,603	D	\$ 105	61,841.059	D		
Common Stock (restricted)								43,858	D		

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

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# displays a currently valid OMB control number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	orDeriv Secu Acqu or Di (D)	rities hired (A) (sposed of r. 3, 4,	ive Expiration Date es (Month/Day/Year) ed (A) osed of		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option	\$ 54.53	10/27/2015		М		23,603	04/01/2014(2)	04/01/2020	Common Stock	23,603
Stock Option	\$ 45.07						04/02/2013(3)	04/02/2019	Common Stock	16,63
Stock Option	\$ 74.29						04/01/2015(4)	04/01/2021	Common Stock	54,550
Stock Option	\$ 102.26						04/01/2016(5)	04/01/2022	Common Stock	47,931

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Brennan Troyen A ONE CVS DRIVE WOONSOCKET, RI 02895			EVP, Chief Medical Officer					
Cignoturoo								

## Signatures

/s/ Troyen Brennan <u>\*\*Signature of</u> Reporting Person 10/28/2015 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) All sales were effected pursuant to a Rule 10b5-1 plan.
- (2) Option became exercisable in four equal annual installments, commencing 4/1/2014.
- (3) Option became exercisable in four equal annual installments, commencing 4/2/2013.

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(4) Option became exercisable in four equal annual installments, commencing 4/1/2015.

(5) Option becomes exercisable in four equal annual installments, commencing 4/1/2016.

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.