Edgar Filing: CVS HEALTH Corp - Form 4

CVS HEALT	H Corp										
Form 4											
March 02, 20											
FORM	4 UNITED S	TATES S	FCURI	TIFS A	ND FXC	'HA'	NGE C	OMMISSION		PROVAL	
Check this box								OMB Number:	3235-0287		
if no longe	Expires:								January 31, 2005		
subject to Section 16 Form 4 or	to STATEMENT OF CHANGES IN BENEFICIAL OWNERS						NERSHIP OF	Estimated average burden hours per response			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 Sec Instruction 1(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)											
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol CVS HEALTH Corp [CVS]					5. Relationship of Reporting Person(s) to Issuer			
(Leet)			• -	2]		(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/I					insaction			Director10% Owner			
			Month/Day/Year) 2/29/2016					X_Officer (give titleOther (specify below) EVP & CIO			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
WOONSOCKET, RI 02895								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Z	Zip)	Table	I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. 4. Securiti Transactior(A) or Dis Code (Instr. 3, 4 (Instr. 8)				Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock	02/29/2016			А	7,816 (1)	А	\$ 97.17	20,126.3558	D		
Common Stock (pep)								10,056.8903	D		
Common Stock (restricted)								37,403	D		
Stock Unit								7,093.3423	D		

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

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form 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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLD STEPHEN J ONE CVS DRIVE WOONSOCKET, RI 02895			EVP & CIO				
Signatures							

/s/ Stephen J. Gold	03/01/2016			
<u>**</u> 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).
- Consists of Stock Units awarded at market price pursuant to Issuer's 2010 Incentive Compensation Plan and its Long-Term Incentive (1) Plan.

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.