Edgar Filing: CVS HEALTH Corp - Form 4

CVS HEAL	TH Corp										
Form 4											
May 20, 201	6										
FORM	4		Faun				NGEG		OMB AF	PROVAL	
	UNITED	STATES SI		ATTIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer								Expires:	January 31,		
subject to			SES IN BENEFICIAL OWNERS			ERSHIP OF	Estimated a	2005 verage			
Section 1		SECURITIES							burden hours per		
Form 4 o Form 5			. 1.		с .	· -	, 1	A (C1024	response	0.5	
obligatio	n o *						•	Act of 1934,			
may cont	tinue. Section 17(3			vestment				1935 or Section	1		
See Instru	uction	50(11) 01	ule III	vestment	Compar	iy At	1 01 1940	0			
1(b).											
(Print or Type I	Responses)										
	Address of Reporting	Person <u>*</u> 2	2. Issuer	Name and	Ticker or	Tradi	0	-	Reporting Person(s) to		
SWIFT RICHARD J Symbol			ymbol					Issuer			
CVS H			EVS HE	IEALTH Corp [CVS]				(Check all applicable)			
(Last)	(First) (N	Middle) 3.	Date of	Earliest Tr	ansaction			(Cheer)	
(Month/I			Month/D	n/Day/Year)			_X_ Director		Owner		
ONE CVS DRIVE 05/19		5/19/20	19/2016			Officer (give titleOther (specify below)					
	(Street)	4.	If Ame	mendment, Date Original				6. Individual or Joint/Group Filing(Check			
			iled(Mon	Month/Day/Year)				Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
WOONSOC	CKET, RI 02895							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D) erivative	Secui	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	l	3.	4. Securit	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Da	ate, if	Transactio		-		Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(Wonth Day)	/1041)	(Instr. 0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 anu 4)			
Common	05/19/2016			А	612 (1)	А	\$ 100.05	5,021	D		
Stock							100.95				

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (J (Instr. 3, 4, an 5)	or D)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Share Credits	\$ 0	05/19/2016		А	520.0594 (2)		(3)	(3)	Common Stock	520.0594

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SWIFT RICHARD J ONE CVS DRIVE WOONSOCKET, RI 02895	Х						

Signatures

/s/ Richard J. Swift	05/20/2016				
<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).
- (1) Consists of common stock issued in payment of a semi-annual retainer.
- (2) Consists of share credits issued for deferral of a semi-annual retainer, at the market price, pursuant to the 2010 Incentive Compensation Plan.
- (3) Consists of deferred stock compensation payable pursuant to Reporting Person's election.

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.