

AMERISOURCEBERGEN CORP
Form 3
October 03, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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

(Print or Type Responses)

1. Name and Address of Reporting Person * ^ Fisher Jeanne B. (Last) (First) (Middle)		2. Date of Event Requiring Statement (Month/Day/Year) 10/01/2007	3. Issuer Name and Ticker or Trading Symbol AMERISOURCEBERGEN CORP [ABC]	
1300 MORRIS DRIVE (Street)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director ____ 10% Owner <input checked="" type="checkbox"/> Officer ____ Other (give title below) (specify below) Senior Vice President		5. If Amendment, Date Original Filed(Month/Day/Year)
CHESTERBROOK, PA 19087 (City) (State) (Zip)		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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)
Common Stock	6,115	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	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	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		(I) (Instr. 5)	
Nonqualified Stock Option (right to buy)	Â (1)	01/02/2013	Common Stock	15,438	\$ 28.1973	D	Â
Nonqualified Stock Option (right to buy)	Â (1)	03/08/2014	Common Stock	40,876	\$ 28.1288	D	Â
Nonqualified Stock Option (right to buy)	Â (2)	03/03/2015	Common Stock	40,876	\$ 30.399	D	Â
Nonqualified Stock Option (right to buy)	Â (3)	02/08/2016	Common Stock	22,992	\$ 42.5185	D	Â
Nonqualified Stock Option (right to buy)	Â (4)	02/15/2017	Common Stock	26,825	\$ 54.134	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fisher Jeanne B. 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	Â	Â	Â Senior Vice President	Â

Signatures

John G. Chou for Jeanne B. Fisher
10/03/2007

__Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) On 09/01/2004, the company accelerated the vesting of all options held by current AmerisourceBergen associates that were not previously vested and that had an exercise price above \$27.05 per share
- (2) Exercisable in four equal annual installments on 3/3/06, 3/3/07, 3/3/08 and 3/3/09
- (3) Exercisable in four equal annual installments on 02/08/07, 02/08/08, 02/08/09 and 02/08/10
- (4) Exercisable in four equal annual installments on 2/15/08, 2/15/09, 2/15/10 and 2/15/11

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.