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CVS HEALT	H Corp										
March 02, 20	16										
FORM	4 UNITED S	TATES					NGE CO	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5	er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 5. SECURITIES								Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5		
obligations may contin <i>See</i> Instruct 1(b).	s Section $17(a)$) of the F		lity Holdi	ng Com	pany	Act of	1935 or Section	I		
(Print or Type Ro	esponses)										
Sussman Andrew Symbo				Name and T			D	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mi	iddle)	3. Date of Earliest Transaction (Check all applicable))		
				onth/Day/Year) /29/2016				Director 10% Owner X Officer (give title Other (specify below) EVP & Pres, CVS/minuteclinic			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WOONSOCI	KET, RI 02895							Form filed by M Person	ore than One Rep	porting	
(City)	(State) (Z	Zip)	Table	I - Non-De	rivative S	ecuri	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/29/2016			А	5,024 (1)	А	\$ 97.17	13,885	D		
Stock Unit	02/29/2016			А	1,675 (2)	А	\$ 97.17	8,114.8918	D		
Common Stock (restricted)								16,964	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amoun Underly Securiti (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title M	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Sussman Andrew ONE CVS DRIVE WOONSOCKET, RI 02895			EVP & Pres, CVS/minuteclinic					

Signatures

/s/ Andrew 03/01/2016 Sussman **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.
- Consists of Stock Units awarded at market price to Issuer's 2010 Incentive Compensation Plan and its Long-Term Incentive Plan, the (2) receipt of which the reporting person has elected to defer.

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.