PharMerica CORP Form 4 March 15, 2017

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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response...

**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Tomassetti Berard

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First) (Middle) (Last)

PharMerica CORP [PMC]

(Check all applicable)

1901 CAMPUS PLACE

3. Date of Earliest Transaction (Month/Day/Year)

03/13/2017

Filed(Month/Day/Year)

Director 10% Owner X\_ Officer (give title Other (specify

SVP and CAO

below)

(Street)

4. If Amendment, Date Original

Applicable Line) \_X\_ Form filed by One Reporting Person

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting Person

LOUISVILLE, KY 40299

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Transaction(s)

(A) or (Instr. 3 and 4) (D)

Code V Amount

Price

Common

Stock, \$.01 03/13/2017 par value

F 358

\$ 23 11.044 D

D

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

Persons who respond to the collection of SEC 1474 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)

(9-02)

#### Edgar Filing: PharMerica CORP - Form 4

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc       |                    | 7. Titl            |          | 8. Price of | 9. Nu    |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------------|--------------------|--------------------|----------|-------------|----------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D        | ate                | Amou               | ınt of   | Derivative  | Deriv    |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/         | Year)              | Under              | lying    | Security    | Secui    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e                   |                    | Securi             | ities    | (Instr. 5)  | Bene     |
|             | Derivative  |                     | •                  |            | Securities | 3                   |                    | (Instr.            | 3 and 4) |             | Owne     |
|             | Security    |                     |                    |            | Acquired   |                     |                    |                    |          |             | Follo    |
|             |             |                     |                    |            | (A) or     |                     |                    |                    |          |             | Repo     |
|             |             |                     |                    |            | Disposed   |                     |                    |                    |          |             | Trans    |
|             |             |                     |                    |            | of (D)     |                     |                    |                    |          |             | (Instr   |
|             |             |                     |                    |            | (Instr. 3, |                     |                    |                    |          |             | (2.11541 |
|             |             |                     |                    |            | 4, and 5)  |                     |                    |                    |          |             |          |
|             |             |                     |                    |            | i, and 3)  |                     |                    |                    |          |             |          |
|             |             |                     |                    |            |            |                     |                    |                    | Amount   |             |          |
|             |             |                     |                    |            |            | Date<br>Exercisable | Expiration<br>Date | or Title Number of | or       |             |          |
|             |             |                     |                    |            |            |                     |                    |                    | Number   |             |          |
|             |             |                     |                    |            |            |                     |                    |                    | of       |             |          |
|             |             |                     |                    | Code V     | (A) (D)    |                     |                    |                    | Shares   |             |          |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
|                                | Director      | 10% Owner | Officer | Other |  |  |  |
| Tomassetti Berard              |               |           | SVP     |       |  |  |  |
| 1901 CAMPUS PLACE              |               |           | and     |       |  |  |  |
| LOUISVILLE, KY 40299           |               |           | CAO     |       |  |  |  |

## **Signatures**

Berard

Tomassetti 03/15/2017

\*\*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).

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.

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