Edgar Filing: CVS HEALTH Corp - Form 4

CVS HEAL Form 4	TH Corp											
March 06, 2	015											
FORM	ЛД									OMB APPROVAL		
	UNITED	STATES		RITIES A shington			N OMB Number:	3235	-0287			
Check th if no lon subject to Section Form 4 of Form 5 obligation may con See Instru 1(b).	ser 50 16. 50 50 50 51 51 51 50 50 50 50 50 50 50 50 50 50	STATEMENT OF CHANGES IN 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										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> DECOUDREAUX ALECIA A			2. Issuer Name and Ticker or Trading Symbol CVS HEALTH Corp [CVS]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			(Check all applicable)						
ONE CVS	DRIVE		03/05/2015					Officer (give titleOther (specify below) below)				
WOONSO		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ive Secur	ities A	cquired, Disposed	of, or Beneficia	ally Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution 1 any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispos (Instr.	red (A) or sed of (D) 3, 4 and 5 (A) or	5)	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 Indirect Beneficia Ownersh (Instr. 4)	al iip	
Reminder: Re	port on a separate line	for each cla	ass of sec	urities bene	Per info req dis	sons wi ormatior uired to	no res n cont respo	or indirectly. spond to the collectained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security				Disposed of (Instr. 3, 4, a) 5)					
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Share Credits	\$ 0	03/05/2015	А		451.4964 (1)		(2)	(2)	Common Stock	451.4964
Reporting Owners										

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
DECOUDREAUX ALECIA A ONE CVS DRIVE WOONSOCKET, RI 02895	X								
Signatures									
/s/ Alecia A. DeCoudreaux	03/06/20	15							
**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 share credits issued for deferral of a pro rata portion of the retainer payable for the Reporting Person's service during the 2014-2015 Board year.
- (2) 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.