**CVS HEALTH Corp** Form 4

January 05, 2015

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** 

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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

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Brennan Troyen A Issuer Symbol CVS HEALTH Corp [CVS] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director

10% Owner Other (specify \_X\_\_ Officer (give title ONE CVS DRIVE 01/02/2015 below) EVP, Chief Medical Officer

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

WOONSOCKET, RI 02895

(City)	(State) (	Zip) Table	e I - Non-D	erivative S	Securi	ties Acquire	ed, Disposed of, o	or Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit or Dispos (Instr. 3, 4	ed of (	` ′	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	01/02/2015		M	50,240	A	\$ 34.96	91,487.059	D	
Common Stock	01/02/2015		S <u>(1)</u>	50,240	D	\$ 95.7109 (2)	41,247.059	D	
Common Stock (restricted)							49,991	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 (9-02)

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option	\$ 34.96	01/02/2015		M		50,240	04/01/2012(3)	04/01/2018	Common Stock	50,240
Stock Option	\$ 45.07						04/02/2013(4)	04/02/2019	Common Stock	66,548
Stock Option	\$ 54.53						04/01/2014(5)	04/01/2020	Common Stock	47,20
Stock Option	\$ 74.29						04/01/2015(6)	04/01/2021	Common Stock	54,550

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Brennan Troyen A ONE CVS DRIVE

WOONSOCKET, RI 02895

EVP, Chief Medical Officer

#### **Signatures**

/s/ Troyen
Brennan

\*\*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) All sales were effected pursuant to a Rule 10b5-1 plan.
- (2) Represents weighted average sale price for this trading day. Multiple sales were executed, with sales prices ranging between \$94.40 and \$96.85 per share.

Reporting Owners 2

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- (3) Option became exercisable in four equal annual installments, commencing 4/1/2012.
- (4) Option became exercisable in four equal annual installments, commencing 4/2/2013.
- (5) Option became exercisable in four equal annual installments, commencing 4/1/2014.
- (6) Option becomes exercisable in four equal annual installments, commencing 4/1/2015.

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.