Edgar Filing: THIER SAMUEL O MD - Form 4

THIER SAM	UEL O MD										
Form 4											
May 02, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
Check this	Washington, D.C. 20549							Number:	3235-0287		
if no longe	r		E CHAN			CTAI		NEDSHID OF	Expires:	January 31, 2005	
subject to Section 16 Form 4 or	Section 16. SECURITIES						Estimated a burden hou	irs per			
Form 5 obligations may contir	Form 5 obligations 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								0.5		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> THIER SAMUEL O MD			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			MERCK & CO INC [(MRK)]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) _X_ Director				100	10% Owner			
MASSACHU HOSPITAL, BULFINCH	55 FRUIT S		04/28/20	-				X Director Officer (give below)		er (specify	
(Street) 4. If Amendment Filed(Month/Day/							Applicable Line)	Joint/Group Filing(Check			
BOSTON, M	A 02114-26	06						_X_ Form filed by Form filed by I Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any		3.	4. Securit mAcquired Disposed (Instr. 3, 4	ies (A) o of (D	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock					mount		Thee	20	D		

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: THIER SAMUEL O MD - Form 4

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date		7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A N S
Director Stock Option 2006/04/28 (right to buy)	\$ 34.44	04/28/2006		А	5,000	04/28/2007 <u>(1)</u>	04/27/2016	Common Stock	
Phantom Stock	<u>(2)</u>	04/28/2006		А	435.7931	(3)	(3)	Common Stock	2

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
THIER SAMUEL O MD MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST., BULFINCH 370 BOSTON, MA 02114-2606	Х					
Signatures						
Debra A. Bollwage as Attorney-in-Fact for Sar Thier	05/02/2006					
**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) The option vests in three equal annual installments beginning on April 28, 2007.
- (2) 1-for-1
- (3) Phantom stock units are to be settled 100% in cash upon reporting person's termination of service in accordance with a distribution schedule elected pursuant to the terms of the Plan for Deferred Payment of Directors' Compensation.
- (4) Holdings include shares acquired in dividend reinvestment transactions.

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.