Edgar Filing: AETNA INC /PA/ - Form 4

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AETNA INC	2 /PA/										
Form 4											
October 02, 2	2006										
FORM	1								PPROVAL		
CONVIA UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-0287		
Chaolt the	a h av		Was	hington,	D.C. 205	49		Number:			
Check this box if no longer									January 31, 2005		
subject to	subject to STATEMENT OF CHANG					CIAL OW	NERSHIP OF	Estimated	Estimated average		
Section 10		SECURITIES						burden hours per			
Form 4 or								response 0.5			
Form 5 obligation		-					ge Act of 1934,				
may conti				•	. .	• •	of 1935 or Section	on			
See Instru	ction	30(h) of the Inv	vestment	Company	Act of 19	40				
1(b).											
(Print or Type R	(acmongos)										
(Print of Type R	(esponses)										
1. Name and A	ddress of Repor	ting Person *	2 1	Nama and	т: -1 т	··· 1:	5. Relationship o	f Reporting Per	son(s) to		
NEWHOUS	2. Issuer Name and Ticker or Trading Symbol				Issuer						
1121111000			-	INC /PA							
							(Che	ck all applicable	e)		
(Last)	(First)	(First) (Middle) 3. Date of Earliest						100			
HARVARD UNIVERSITY, 180			(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
LONGWOOD AVE			09/29/2006				below) below)				
Londwoo											
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Mon	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
BOSTON, MA 02115						Form filed by More than One Reporting					
D0510N, N	1A 02115						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		ion Date, if		onAcquired (A) or		Securities	Form: Direct	Indirect		
(Instr. 3) any		•	/Day/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		•	(D) or Indirect (I)	Beneficial Ownership		
		(Ivionu)	(Day Tear)	(11150.0)	(111501. 5, -	+ and 5)	Following	(Instr. 4)	(Instr. 4)		
						(Λ)	Reported				
						(A) or	Transaction(s)				
				Code V	Amount		(Instr. 3 and 4)				
Common							2 000	D			
Stock							2,000	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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares	
PHANTOM STOCK UNITS ⁽¹⁾	<u>(2)</u>	09/29/2006		А	379.267	(1)	<u>(1)</u>	COMMON STOCK	379.2	

Reporting Owners

Relationship:Reporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherNEWHOUSE JOSEPH P
HARVARD UNIVERSITY
180 LONGWOOD AVE
BOSTON, MA 02115XXXSignatures
JOSEPH P. NEWHOUSE, BY PAIGE L. FALASCO, ATTORNEY IN
FACT10/02/2006

<u>**</u>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).
- UNITS GRANTED UNDER THE AETNA INC. NON-EMPLOYEE DIRECTOR COMPENSATION PLAN (THE "PLAN"). SUBJECT
 (1) TO TERMS OF PLAN, UNITS MAY BE SETTLED IN AETNA COMMON STOCK, IN CASH OR A COMBINATION OF BOTH UPON REPORTING PERSON'S RETIREMENT.

(2) UNITS CONVERT TO COMMON STOCK ON A ONE FOR ONE BASIS

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.