Edgar Filing: CVS HEALTH Corp - Form 4

CVS HEAL Form 4 May 20, 201	ŕ											
FORM	ПЛ									OMB A	PPROV	۹L
Check th	UNITED	STATES		RITIES A				COMMISSIC	DN	OMB Number:		-0287
if no lon subject t Section Form 4 c	ger o STATEN 16. or	F CHANGES IN BENEFICIAL OWN SECURITIES						Expires: Estimated burden hou response	ed average hours per			
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type	Responses)											
1. Name and A DECOUDR	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer						
(Lest)	Meddla)	CVS HEALTH Corp [CVS]					(Cl	all applicable)				
(Last) (First) (Middle) ONE CVS DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016				X_ Director 10% Owner Officer (give title Other (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	Deriva	tive S	ecurities A	cquired, Disposed	l of, o	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	onAcqu Dispo (Instr	osed o c. 3, 4 ; (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership rm: Direct) or Indirect str. 4)	7. Natur Indirect Benefici Ownersl (Instr. 4)	al 1ip
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	Pe in re di	erson forma quire	s who res ation cont d to resp s a curre	or indirectly. spond to the coll ained in this for ond unless the f ntly valid OMB c	m ar orm	re not	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 Acquired	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(A) or Disposed of		

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	Derivative Security			(D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Share Credits	\$ 0	05/19/2016	А		1,386.8252 (1)		(2)	(2)	Common Stock	1,386.82

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DECOUDREAUX ALECIA A ONE CVS DRIVE WOONSOCKET, RI 02895	Х							
Signatures								
/s/ Alecia A. DeCoudreaux	05/20/20	16						
<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).
- (1) Consists of share credits issued for deferral of a semi-annual retainer, at the market price, pursuant to the 2010 Incentive Compensation Plan.
- (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.