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Form 4										
March 02, 20									PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this				2.0.200				Expires:	January 31,	
if no longe subject to Section 16 Form 4 or		CHANGES IN BENEFICIAL OWNE SECURITIES					Expires: 20 Estimated average burden hours per response (
Form 5 obligation may conti <i>See</i> Instru- 1(b).	nue. Section 17(a)	uant to Section 16) of the Public Ut 30(h) of the Inv	ility Hold	ing Com	pany	Act of	1935 or Section			
(Print or Type R	esponses)									
Bisaccia Lisa Sy			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		CVS HEALTH Corp [CVS] 3. Date of Earliest Transaction					ck all applicable)		
ONE CVS D		(Month/Day/Year) 02/28/2017				Director 10% Owner X Officer (give title Other (specify below) EVP and Chief HR Officer				
		f Amendment, Date Original d(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 				
WOONSOC	KET, RI 02895						Person	Sie than One Re	porting	
(City)	(State) (Z	Zip) Table	e I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nth/Day/Year) Execution Date, if Transaction(A) or I			tr. 3, 4 and 5) Beneficially Owned Following Reported Transaction			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
_			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2017		А	9,928 (1)	А	\$ 80.58	44,883	D		
Common Stock	02/28/2017		F	3,304 (2)	D	\$ 80.58	41,579	D		
ESOP Common Stock							576.764	I	Direct	
Common Stock (restricted)							22,613.0004	D		
Stock Unit							35,097.9609	D		

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	-	of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
Bisaccia Lisa ONE CVS DRIVE WOONSOCKET, RI 02895			EVP and Chief HR Officer				
Signatures							
Lisa G. Bisaccia	03/02/2017						
<u>**</u> Signature of	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 stock awarded at market price pursuant to Issuer's 2010 Incentive Compensation Plan and its Long-Term Incentive Plan.
- (2) Surrender of shares in payment of withholding taxes due upon the vesting of a stock award under the Registrant's 2010 Incentive Compensation Plan and its Long-Term Incentive Plan.

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.

Reporting Person