### Edgar Filing: REIMERS ARTHUR J - Form 4

REIMERS A Form 4	ARTHUR J									
August 01, 2	2005									
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check th if no lon	ger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005	
subject t Section Form 4 d	51AIEMI 16.								verage rs per 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. 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)									
	Address of Reporting Po ARTHUR J	Symbo				-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	HBORCARE INC [NCRX]				(Check all applicable)					
NEIGHBO PRATT ST	e of Earliest Transaction n/Day/Year) /2005				X_ Director10% Owner Officer (give titleOther (specify below) below)					
	(Street)	4. If A	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(M	d(Month/Day/Year)				Applicable Line)			
BALTIMORE, MD 21202 Form filed by One Reporting Person Person										
(City)	(State) (Z	Zip) Ta	ble I - Non-	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	-	2A. Deemed Execution Date, i any (Month/Day/Year	Code	4. Securit or(A) or Di (Instr. 3, -	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following	Ownership I Form: Direct I (D) or I	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	07/28/2005		U <u>(1)</u>	10,000	D	\$ 34.75	0	D		
Common Stock	07/28/2005		D <u>(1)</u>	6,703	D	\$ 34.75	0	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.

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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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

**Reporting Owner Name / Address** 

10% Owner Officer Other Director

**Relationships** 

**REIMERS ARTHUR J** NEIGHBORCARE, INC. 601 EAST PRATT STREET BALTIMORE, MD 21202

## Signatures

/s/ John F. Gaither, Jr., on behalf of Arthur J. Reimers by power of attorney

\*\*Signature of Reporting Person

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# **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).

Pursuant to an Agreement and Plan of Merger, dated as of July 6, 2005 (the "Merger Agreement"), among NeighborCare, Inc. ("NeighborCare"), Omnicare, Inc. ("Omnicare") and Nectarine Acquisition Corp. ("Purchaser"), on July 28, 2005, Purchaser accepted for purchase all of the issued and outstanding shares of common stock, par value \$0.02 per share ("Shares") of NeighborCare tendered to it in

(1) connection with its previously announced tender offer (the "Offer"), including 10,000 Shares of the Reporting Person's Shares, at a purchase price of \$34.75 per Share in cash. Also on July 28, 2005, pursuant to the Merger Agreement, Purchaser was merged with and into NeighborCare (the "Merger"), as a result of which all of the Reporting Person's remaining Shares were converted into the right to receive \$34.75 per Share in cash.

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.

08/01/2005

Date