Edgar Filing: CVS HEALTH Corp - Form 4

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CVS HEALI	H Corp								
Form 4	16								
March 02, 20									
FORM	4 UNITED ST	TATES SECUR	ITIES AN	ND FXC	ΗΔΝ	IGE C	OMMISSION	OMB APPROVAL	
			hington, l					OMB Number:	3235-0287
Check this if no longe subject to Section 16 Form 4 or Form 5	^{er} STATEMF 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES						Expires:January 3 200Estimated average burden hours per response0	
obligation may contin <i>See</i> Instruct 1(b).	s Section $17(a)$	ant to Section 16 of the Public Uti 30(h) of the Inv	lity Holdi	ng Comp	pany .	Act of	1935 or Section	I	
(Print or Type R	esponses)								
1. Name and Ac Brennan Tro	Symbol	2. Issuer Name and Ticker or Trading Symbol CVS HEALTH Corp [CVS]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mid	ddle) 3. Date of	3. Date of Earliest Transaction				(Check all applicable)		
ONE CVS D	(Month/Da	(Month/Day/Year) 02/29/2016				Director 10% Owner Officer (give title Other (specify below) below) EVP, Chief Medical Officer			
		-				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WOONSOC	KET, RI 02895						Form filed by Mo Person		
(City)	(State) (Z	^{ip)} Table	I - Non-De	rivative Se	ecuriti	ies Acqu	iired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	le of 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipInForm:EDirect (D)C	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/29/2016		Code V A	Amount 14,515 (1)	or (D) A	Price \$ 97.17	(Instr. 3 and 4) 76,356.059	D	
Common Stock (restricted)							43,858	D	

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

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Brennan Troyen A ONE CVS DRIVE WOONSOCKET, RI 02895			EVP, Chief Medical Officer				
Signatures							
10/ Trougn							

/s/ Troyen 03/01/2016 Brennan 03/01/2016

<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 Stock Units awarded at market price pursuant to Issuer'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.