Wolf Jacquelyn H Form 3 September 06, 2017			
FORM 3 UNITED STAT	TES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL	
	Washington, D.C. 20549	OMB Number:	3235-0104
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES		Expires: January 31 2005 Estimated average burden hours per	
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			0.5
(Print or Type Responses)			
1. Name and Address of Reporting	2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Syn	nbol	

1. Name and Address of Reporting Person <u>*</u> Wolf Jacquelyn H	Statement (Month/Day/Year)	3. Issuer Name and Ticker or Anthem, Inc. [ANTM]	Trading Symbol
(Last) (First) (Middle	08/28/2017	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
120 MONUMENT CIRCLE			
(Street)		(Check all applicable)	6. Individual or Joint/Group
INDIANAPOLIS, IN 4620		Director 10% O X_Officer Other (give title below) (specify below EVP & Chief HR Officer	_X_Form filed by One Reporting Person
(City) (State) (Zip)	Table I - N	Non-Derivative Securitie	s Beneficially Owned
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned Ownership	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Reminder: Report on a separate line for owned directly or indirectly.	each class of securities benefic	ially SEC 1473 (7-02)	
information co required to re	espond to the collection of ntained in this form are not pond unless the form displ OMB control number.		
Table II - Derivative S	curities Beneficially Owned (e	.g., puts, calls, warrants, optic	ons, convertible securities)
(Instr. 4) E	xpiration Date Securit	and Amount of 4. tes Underlying Conversion ive Security or Exercise Price of Derivative	The second se

Expiration

Title

Date

Exercisable Date

Amount or

Number of

Shares

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Wolf Jacquelyn H 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	Â	Â	EVP & Chief HR Officer	Â	
Signatures					
/s/ Kathleen S. Kiefer, Attorney in fact		09/06/201	7		
**Signature of Reporting Person		Date			
Evelopetion of De					

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.