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AETNA IN Form 4												
August 17, FORN Check t if no low subject Section Form 4 Form 5 obligati may cov <i>See</i> Inst 1(b).	M 4 UNITED this box nger to 16. or STATEN on Filed pu Section 17	MENT OI rsuant to S (a) of the I	Wa F CHA Section Public U	ashingto NGES II SECU 16(a) of ⁻ Jtility Ho	n, D.C. 20 N BENEFI JRITIES the Securit	549 [CIA] ies Ez ipany	L OWNE xchange A Act of 19	MMISSION RSHIP OF ct of 1934, 35 or Section	OMB AP OMB Number: Expires: Estimated av burden hours response	3235-0287 January 31, 2005 /erage		
(Print or Type	Responses)											
Zubretsky Joseph M Symbol				ssuer Name and Ticker or Trading ool [NA INC /PA/ [AET]				5. Relationship of Reporting Person(s) to Issuer				
				e of Earliest Transaction h/Day/Year) 3/2015				(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) Senior EVP, Healthagen				
	(Street)			nendment, I onth/Day/Ye	Date Original ear)		Ap	Individual or Join plicable Line) _ Form filed by Or	ne Reporting Pers	son		
HARTFOR	RD, CT 06156						Per	Form filed by Mo son	sie man One Rep	orung		
(City)(State)(Zip)Tab1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			 ble I - Non-Derivative Securities Acqu 3. 4. Securities Acquired (A) TransactionDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or 				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	y Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	08/13/2015			Code V	Amount 2,000	(D) D	Price \$ 118.382 (1)	(Instr. 3 and 4) 215,087	D			
Common Stock	08/14/2015			S	118,480	D	\$ 118.36 (2)	96,607	D			
Common Stock	08/14/2015			S	58,607	D	\$ 119.272	38,000	D			

G V 10,170 D \$0

27,830

D

Common Stock

08/14/2015

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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 D	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)	Derivative	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	•		Number		
				~	(1) (5)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Mane / Maress	Director	10% Owner	Officer	Other				
Zubretsky Joseph M AETNA INC. 151 FARMINGTON AVENUE HARTFORD, CT 06156			Senior EVP, Healthagen					
Signatures								
Joseph M. Zubretsky by Judith H. Jo- -in-fact	ney	08/17/2015						

Explanation of Responses:

**Signature of Reporting Person

- * 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) The price reported is average weighted share price. These shares were sold in multiple transactions at prices ranging from 118.32 to 118.48, inclusive.

Date

- (2) The price reported is average weighted share price. These shares were sold in multiple transactions at prices ranging from 118.00 to 118.995, inclusive.
- (3) The price reported is average weighted share price. These shares were sold in multiple transactions at prices ranging from \$119.00 to \$119.655, inclusive.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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