## CVS CAREMARK CORP

Form 4

February 20, 2014

(restricted)

ESOP Common

FORM	FORM 4 UNITED STATES SECURITIES AND EVOLANCE COMMISSION								OMB APPROVAL		
i Onivi	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-028		
Check this if no long subject to	er STATEMENT OF CHANCES IN RENEFICIAL OWNERSHIP OF							Expires: Estimated a	January 31 2009 Verage		
Section 16 Form 4 or Form 5 obligation may conti See Instru 1(b).	Filed posts Section 1'	7(a) of the		ility Hold	e Securiti	pany	Act of	Act of 1934, 1935 or Section	burden hour response		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person ** Roberts Jonathan C			Symbol	· ·				5. Relationship of Reporting Person(s) to Issuer			
<b>~</b>					K CORP	[CV	S]	(Check all applicable)			
			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014				Director 10% Owner X_ Officer (give title Other (specify below) below)  EVP & President, Caremark			
				ath/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			
(City)	(State)	(Zip)						Person			
	, , ,	-					_	ired, Disposed of,			
(Instr. 3) any			on Date, if Transaction(A) or Disp Code (Instr. 3, 4 a Day/Year) (Instr. 8)			sposed 4 and 5 (A) or	posed of (D)  and 5)  Securities  Beneficially  Owned  Following  Reported  Transaction(  Or  (Instr. 3 and		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Stock Unit	02/18/2014			Code V A	Amount 18,486 (1)	(D)	Price \$ 70.32	59,194.6057	D		
Common Stock								29,323.9286	D		
Common Stock (pep)								11,141.497	D		
Common Stock								65,333	D		

By ESOP

5,097.4967 I

Stock

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code '	V (A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares	

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Roberts Jonathan C ONE CVS DRIVE WOONSOCKET, RI 02895-

**EVP & President, Caremark** 

## **Signatures**

Jonathan C. 02/20/2014 Roberts

\*\*Signature of Date Reporting Person

## **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).
- Consists of Stock Units awarded at market price pursuant to Issuer's 2010 Incentive Compensation Plan, the receipt of which the reporting person has elected to defer.

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 Owners 2