CVS HEALTH Corp Form 4 November 06, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Last)

(City)

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * SWIFT RICHARD J

(First)

(Street)

Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

CVS HEALTH Corp [CVS]

2. Issuer Name and Ticker or Trading

(Check all applicable)

ONE CVS DRIVE

3. Date of Earliest Transaction (Month/Day/Year)

11/05/2014

X_ Director 10% Owner Officer (give title Other (specify below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

WOONSOCKET, RI 02895-

(State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities 5. Amount of

1.Title of 2. Transaction Date 2A. Deemed Security (Instr. 3)

(Month/Day/Year) Execution Date, if (Month/Day/Year) TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported (A) or

Transaction(s) (Instr. 3 and 4)

Common

Code V Amount (D) Price

4,409 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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| Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | | 6. Date Exercisable and | | 7. Title and Amount of | |
|------------------------------|-------------|---------------------|--------------------|------------|---------------------|-----------------|-------------------------|-----------------------|------------------------|----------------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | | Underlying Securities | | |
| Security | or Exercise | | any | Code | Securities Acquired | | (Month/Day/Year) | | (Instr. 3 and 4) | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | (A) or Disposed | d of | | | | |
| | Derivative | | | | (D) | | | | | |
| | Security | | | | (Instr. 3, 4, and | 5) | | | | |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Share Credits | \$ 0 | 11/05/2014 | | A | 1,307.1429 (1) | | (2) | (2) | Common Stock | 1,307.14 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SWIFT RICHARD J

ONE CVS DRIVE X

WOONSOCKET, RI 02895-

Signatures

/s/ Richard J.
Swift

**Signature of Reporting Person

11/06/2014

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 share credits issued for deferral of a semi-annual retainer, at the market price, pursuant to the 2010 Incentive Compensation Plan.
- (2) Consists of Deferred Stock Compensation payable pursuant to Reporting Person's election.

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.

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