Edgar Filing: CVS HEALTH Corp - Form 4

CVC LIEAL TH C

Form 4	псогр											
November 06	, 2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	3235-028				
Check this		Was	hington,	D.C. 20		Number: Expires:	January 31					
if no longe subject to Section 16 Form 4 or	F CHANGES IN BENEFICIAL OW SECURITIES						Estimated a burden hou response	irs per				
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the		ility Hold	ing Con	npany	Act of	ge Act of 1934, f 1935 or Sectio 40	n			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> WHITE TONY L			2. Issuer Name and Ticker or Trading Symbol CVS HEALTH Corp [CVS]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	iddle)	3. Date of Earliest Transaction					(Chec	heck all applicable)			
ONE CVS DRIVE			(Month/Day/Year) 11/05/2014					_X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)			4. If Amendment, Date Original Filed(Month/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 				
WOONSOC	KET, RI 02895							Person		porting		
(City)	(State) (Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	decurity(Month/Day/Year)ExeInstr. 3)any							Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	11/05/2014			А	1,200 (1)	А	\$ 87.5	17,302	D			
Common Stock								7	Ι	By wife		

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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	·ess	Relationships						
1 8	Director	10% Owner	Officer	Other				
WHITE TONY L ONE CVS DRIVE WOONSOCKET, RI 02895	X							
Signatures								
/s/ Tony L. White	11/06/2014							
<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 common stock issued in payment of a semi-annual retainer.

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.