PharMerica CORP Form 4 August 13, 2007

### FORM 4

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

OMB APPROVAL

OMB 3235-0287 Number:

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Tomassetti Berard			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	PharMerica CORP [PMC]  3. Date of Earliest Transaction	(Check all applicable)			
(Last) (First) (Middle) 1901 CAMPUS PLACE		(3-1-1-1)	(Month/Day/Year) 08/10/2007	Director 10% Owner Nother (special below) VP, Controller, PAO			
	(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			
LOUISVILL (City)	E, KY 4029	(Zip)		Form filed by More than One Reporting Person			

(State)	Table	e I - Non-D	erivative	Securi	ties Acq	quired, Disposed (	of, or Beneficial	lly Owned
2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio			•	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
	any	Code	(D)		Beneficially	(D) or	Beneficial	
	(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)		5)	Owned	Indirect (I)	Ownership		
						Following	(Instr. 4)	(Instr. 4)
			(A)		Reported			
				or		` '		
		Code V	Amount	(D)	Price	(Instr. 3 and 4)		
					¢			
08/10/2007		F	103	D	15.1	3,137	D	
	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)	2. Transaction Date 2A. Deemed 3.  (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8)  Code V	2. Transaction Date 2A. Deemed 3. 4. Securion Date, if any Code (D) (Month/Day/Year) (Instr. 8) (Instr. 3,	2. Transaction Date 2A. Deemed 3. 4. Securities Ad (Month/Day/Year) Execution Date, if any Code (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and (A) or Code V Amount (D)	2. Transaction Date (Month/Day/Year)  Execution Date, if any Code (D) (Month/Day/Year)  (Month/Day/Year)  (A) or Code V Amount (D) Price	2. Transaction Date   2A. Deemed   3.   4. Securities Acquired   5. Amount of   Securities   Sec	2. Transaction Date (Month/Day/Year)  Execution Date, if any Code (D)  (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any Code (D)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  Execution Date, if Transaction(A) or Disposed of Securities  Code (D)  (Month/Day/Year)  (Instr. 8)  (Instr. 3, 4 and 5)  (A)  (A)  (Code V Amount (D) Price  (Instr. 3 and 4)

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: PharMerica CORP - Form 4

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. Transactio Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Tomassetti Berard 1901 CAMPUS PLACE LOUISVILLE, KY 40299

VP, Controller, PAO

# **Signatures**

Berard

Tomassetti 08/13/2007

\*\*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).

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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