Edgar Filing: CVS CORP - Form 4

CVS CORP										
Form 4	r.									
February 17, 2006)								PPROVAL	
FORM 4	UNITED	STATES	SECUI	RITIES A	ND EX(CHANGE	COMMISSIO		FFNUVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287	
Check this box if no longer								Expires:	January 31,	
subject to Section 16. Form 4 or	STATE	MENT OF	Estimated burden hou	urs per						
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type Respon	nses)									
1. Name and Address of Reporting Person <u>*</u> HEARD MARIAN L			2. Issuer Name and Ticker or Trading Symbol CVS CORP [CVS]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)			
ONE CVS DRIVE			(Month/Day/Year) 02/15/2006			_X_Director10% Owner Officer (give titleOther (specify below)below)				
2)	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 						
WOONSOCKET	C, RI 02895	-					Form filed by Person	More than One R	eporting	
(City) (S	State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date th/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	4. Securiti nAcquired (Disposed o (Instr. 3, 4	(A) or of (D)	Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)			
Reminder: Report on	a separate lin	e for each cla	ass of sec	urities benef	ficially own	ed directly of	or indirectly.			
					inform require	ation cont ed to respo ys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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 Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	9		(Instr. 5)

Edgar Filing: CVS CORP - Form 4

	Derivative Security				Secu Acqu (A) o Disp of (E (Inst 4, an	or osed D) r. 3,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Credits	\$ 0	02/15/2006	А		70 (1)		(2)	(2)	Common Stock	70	\$ 0
Share Credits	\$ 0	02/16/2006	А		69 (1)		(2)	(2)	Common Stock	69	\$ 0

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
HEARD MARIAN L									
ONE CVS DRIVE	Х								
WOONSOCKET, RI 02895	-								
Signatures									
Marian L Heard	02/17/2006								
<u>**</u> Signature of	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 acquired as deferred annual grant, semi-annual compensation and/or meeting fees all at market price pursuant to the 1997 Incentive Compensation Plan.
- (2) Consists of Deferred Stock Compensation payable pursuant to Insider'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.

Reporting Person