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SGARRO D Form 4								
January 08, 2	1 /				-	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549					OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or			ANGES IN BENEFICIAL C SECURITIES	WNERSHIP OF	Expires: January 31 2009 Estimated average burden hours per response 0.9			
Form 5 obligations may continue. See Instruction 1(b). 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 I	Responses)							
1. Name and Address of Reporting Person <u>*</u> SGARRO DOUGLAS A		Symb	ssuer Name and Ticker or Trading ool S CAREMARK CORP [CVS]	5. Relationship of Issuer	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		te of Earliest Transaction	(Chec	k all applicat	ble)		
ONE CVS DRIVE			th/Day/Year) 2/2009	below)	Officer (give title Other (specify			
WOONSOC	(Street) CKET, RI 02895-		Amendment, Date Original (Month/Day/Year)	6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M Person	One Reporting	Person		
(City)	(State)	(Zip) J	Cable I - Non-Derivative Securities		, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	Code (Instr. 3, 4 and 5)	D) Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/02/2009	01/06/2009	Code V Amount (D) Pr $F = \begin{array}{c} 0.0 \\ 9,465 \\ (2) \end{array} D \begin{array}{c} 3 \\ 29. \end{array}$	147 684 (1)	D			
Common Stock				0	Ι	By Trust As Beneficiary		
Common Stock (restricted)				50,536	D			
Esop Preference Stock				426	I	By Esop		
Stock Unit				31,828.3172	D			

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	inte	of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SGARRO DOUGLAS A ONE CVS DRIVE WOONSOCKET, RI 02895-			Executive Vice President	
Signatures				
Douglas A.				

Sgarro	01/08/2009			
<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) Includes dividend reinvestment shares acquired during the course of the year.
- (2) Surrender of shares in payment of withholding taxes due in connection with a previously reported transaction.

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.