Edgar Filing: SGARRO DOUGLAS A - Form 4

SGARRO DO Form 4	DUGLAS A										
February 20,	2009										
	1								APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWN						NEDGIIID OF	Expires:	January 31, 2005			
subject to Section 10 Form 4 or	б.	OF CHAN	GES IN I SECUR		UAI	2 UW.	NEKSHIP OF	Estimate burden h response	d average ours per		
Form 5 obligation	Filed pursuant f					•					
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * 2. Issue SGARRO DOUGLAS A Symbol			Name and	Ticker or T	Trading	g	5. Relationship of Reporting Person(s) to Issuer				
	CVS CA	CVS CAREMARK CORP [CVS]					(Check all applicable)				
(Last)	(First) (Middle)		Date of Earliest Transaction								
ONE CVS E	(Month/D 02/18/20	-				Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President					
(Street) 4. If Amen				te Original			6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
WOONSOCKET, RI 02895-							Form filed by More than One Reporting Person				
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	of, or Benefic	ially Owned		
1.Title of Security		Deemed ution Date, if						6. Ownership	7. Nature of Indirect		
(Instr. 3)	any (Mor	nth/Day/Year)						Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
					(A)		Reported Transaction(s)	(I) (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/18/2009		А	18,266 (1)	А	\$0	203,699	D			
Common Stock							0	I	By Trust As Beneficiary		
Common Stock (restricted)							65,536	D			
Esop Preference Stock							426	I	By Esop		

Edgar Filing: SGARRO DOUGLAS A - Form 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.

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. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						DateExpirationExercisableDate		or			
								Number			
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Add	·ess		Relationships					
	Director	10% Owner	Officer	Other				
SGARRO DOUGLAS A ONE CVS DRIVE WOONSOCKET, RI 02895	5-		Executive Vice President					
Signatures								
Douglas A. Sgarro	02/19/2009							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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 Stock Units awarded at market price pursuant to Issuer's 1997 Incentive Compensation Plan.

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.

**Signature of

Reporting Person