Lofberg Per GH Form 4 April 05, 2010

FORM 4

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

OMB APPROVAL

OMB

Number: 3235-0287

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person <u>*</u> Lofberg Per GH

2. Issuer Name **and** Ticker or Trading

CVS CAREMARK CORP [CVS]

5. Relationship of Reporting Person(s) to Issuer

Symbol

ONE CVS DRIVE

(Middle) 3. Date of Ear

(Check all applicable)

(Last) (First) (Middl

3. Date of Earliest Transaction
(Month/Day/Year)

(Month/Day/Year)

____ Director ____ 10% Owner ____ X__ Officer (give title ____ Other (specify

04/01/2010

below) below)
President, Caremark Pharm Serv

(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

Person

WOONSOCKET, RI 02895

(City)	(State)	Zip) Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Benefic	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock (restricted)	04/01/2010		A	27,602 (1)	A	\$0	27,602	D	
Common Stock							45,602.2288	D	
Common Stock							147,000	I	By Lofberg Family Partnership, L.P.
Common Stock (pep)							45,602.2288	D	

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Stock Option	\$ 36.23	04/01/2010		A	101,992 (2)	04/01/2011	04/01/2017	Common Stock	101,992
Stock Option	\$ 32.98					<u>(3)</u>	01/04/2020	Common Stock	454,830

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

Lofberg Per GH ONE CVS DRIVE WOONSOCKET, RI 02895

President, Caremark Pharm Serv

Signatures

Per G.H. 04/05/2010 Lofberg

**Signature of Date
Reporting Person

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 Restricted Stock Units awarded pursuant to issuer's 1997 Incentive Compensation Plan. Restrictions lapse on two equal installments 50% on 12/31/2012 and 50% on 4/1/2013.
- Option become exercisable in three equal annual installments commencing 4/1/2011 and the third installment becomes excisable on 12/31/2012.
- (3) Option becomes exercisable on 1/4/2013.

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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