**CVS HEALTH Corp** Form 4

### November 06, 2015 FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

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

**SECURITIES** Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Finucane Anne A.

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(City)

Common

Stock

(First) (Middle)

(Zip)

CVS HEALTH Corp [CVS] 3. Date of Earliest Transaction

\_X\_\_ Director

ONE CVS DRIVE

(Month/Day/Year)

10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check

(Check all applicable)

11/04/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

I

Person

**WOONSOCKET, RI 02895** 

(City)	(State)	(Zip) Tabl	e I - Non-D	Derivative Secu	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution Date any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of 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	11/04/2015		Code V A	Amount (D) 1,406 (1) Amount (D)	Price \$ 99.57	(Instr. 3 and 4) 1,406	D	Ву

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

15,913

Finucane

Family Trust

### Edgar Filing: CVS HEALTH Corp - Form 4

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exer Expiration D		7. Title and A Underlying S		8. Price Deriva
Security (Instr. 3)	or Exercise Price of	(=:===================================	any (Month/Day/Year)	Code (Instr. 8)	of Derivativ	(Month/Day		(Instr. 3 and		Securit (Instr.
(IIISII. 3)	Derivative		(Monun/Day/Tear)	(Ilisu. o)	Securities	3				(IIISII.
	Security				Acquired (A) or					
					Disposed					
					of (D)					
					(Instr. 3, 4, and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Credits	\$ 0					(2)	(2)	Common Stock	2,629.032	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Finucane Anne A.						
ONE CVS DRIVE	X					
WOONSOCKET, RI 02895						

## **Signatures**

/s/ Anne M. 11/06/2015 Finucane \*\*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 common stock issued in payment of a semi-annual retainer.
- (2) Consists of deferred stock compensation payable pursuant to Reporting Person'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 Owners 2