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CVS HEALT Form 4	L									
March 02, 20 FORM Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	4 UNITED S s box er 5 STATEM 6. Filed purs Section 17(a	ENT OF CH uant to Section) of the Public	Washington, ANGES IN I SECUR on 16(a) of the	D.C. 205 BENEFIC ITIES Securitic ing Comj	49 C IAI es Ex pany	COWN change Act of 1	Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response	•	
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Brennan Troyen A			ssuer Name and ool S HEALTH C		-	>	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of			e of Earliest Transaction th/Day/Year) 8/2017				(Check all applicable) <u>Director</u> 10% Owner <u>X</u> Officer (give title Other (specify below) EVP and Chief Medical Officer			
	(Street)		Amendment, Dat (Month/Day/Year)	-		A	5. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
WOONSOC	KET, RI 02895					Ī	Form filed by Me Person	ore than One Re	porting	
(City)	(State) (Zip)	Table I - Non-D	erivative S	ecurit	ies Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Dat any (Month/Day/Y	Code Year) (Instr. 8)	action(A) or Disposed of (D) (Instr. 3, 4 and 5) 8) (A) (A) or (Instr. 3, 4 and 5) Beneficially Owned Following Reported Transaction((Instr. 3 and		Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/28/2017		Code V A	Amount 16,133 (1)	(D) A	Price \$ 80.58	83,804.059	D		
Common Stock	02/28/2017		F	6,132 (2)	D	\$ 80.58	77,672.059	D		
Common Stock (restricted)							36,572	D		

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

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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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Brennan Troyen A ONE CVS DRIVE WOONSOCKET, RI 02895			EVP and Chief Medical Officer				

Signatures

/s/ Troyen Brennan

03/02/2017 Date

**Signature of	
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 stock awarded at market price pursuant to Issuer's 2010 Incentive Compensation Plan and its Long-Term Incentive Plan.
- (2) Surrender of shares in payment of withholding taxes due upon the vesting of a stock award under the Registrant's 2010 Incentive Compensation Plan and its Long-Term Incentive 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.