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CVS CARE	MARK CORP											
Form 4												
November 18												
FORM 4 UNITED STATES SECURI					ND EX(THA	NGE CO	MMISSION	OMB APPROVAL			
				shington, D.C. 20549					OMB Number:	3235-0287		
Check this box				0 /	g, 2				Expires:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 10				SECUR	ITIES				Estimated average burden hours per response			
obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the		ility Hold	ling Com	pany	Act of 1	935 or Section				
(Print or Type F	Responses)											
Brennan Troyen A Sym			Symbol	Log					Relationship of Reporting Person(s) to suer			
(Last)	(First)	(Middle)				10,	51	(Check	all applicable)			
							Director 10% Owner XOfficer (give titleOther (specify below) EVP, Chief Medical Officer					
WOONSOC	(Street) CKET, RI 02895			ndment, Da th/Day/Year	-		A 	. Individual or Joi pplicable Line) X_ Form filed by O Form filed by Mo	ne Reporting Per	son		
(City)	(State)	(Zip)						erson		. .		
	(blute)	(Zip)	Table				-	red, Disposed of,		y Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndirectForm:BeneficialDirect (D)Ownershipor Indirect(Instr. 4)(I)(I)(S)(Instr. 4)				
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	11/17/2013			F <u>(1)</u>	15,254	D	\$ 65.62	35,982.059	D			
Common Stock	11/18/2013			М	35,387	А	\$ 28.26	71,369.059	D			
Common Stock	11/18/2013			S <u>(2)</u>	35,387	D	\$ 65.6068	35,982.059	D			
Common Stock (restricted)								56,187	D			

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

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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.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Yea	•		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share	
Stock Option	\$ 28.26	11/18/2013		М	35,387	11/17/2011 <u>(3)</u>	11/17/2018	Common Stock	35,381	
Stock Option	\$ 34.96					04/01/2012(4)	04/01/2018	Common Stock	66,981	
Stock Option	\$ 45.07					04/02/2013 <u>(5)</u>	04/02/2019	Common Stock	66,548	
Stock Option	\$ 54.53					04/01/2014 <u>(6)</u>	04/01/2020	Common Stock	47,20	

Reporting Owners

Reporting Owner Name / Address	Relationships						
I State and a state	Director	10% Owner	Officer	Other			
Brennan Troyen A ONE CVS DRIVE WOONSOCKET, RI 02895			EVP, Chief Medical Officer				
Signatures							
/s/ Troven							

/s/ Iroyen 11/18/2013 Brennan <u>**</u>Signature of

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) Surrender of shares in payment of withholding taxes due.
- (2) All sales were effected pursuant to a Rule 10b5-1 plan.

Reporting Owners

Reporting Person

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- (3) Option became exercisable in three equal annual installments, commencing 11/17/2011.
- (4) Option became exercisable in four equal annual installments, commencing 4/1/2012.
- (5) Option became exercisable in four equal annual installments, commencing 4/2/2013.
- (6) Option becomes exercisable in four equal annual installments, commencing 4/1/2014.

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.