Edgar Filing: HUMANA INC - Form 4

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Form 4	NC .											
May 01, 2006	<u>,</u>											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									-	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no longe	ar								Expires:	January 31,		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWN					NERSHIP OF	Estimated a	2005 average					
Section 16 Form 4 or		SECURITIES						burden hours per				
Form 5							ve Act of 1934	response	0.5			
obligation	⁸ Section 17						-	f 1935 or Sectio	n			
may conti See Instru	nue.		of the Inv	•	•							
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship							5. Relationship of	of Reporting Person(s) to				
OBRIEN JAMES J /KY			Symbol HUMANA INC [HUM]					Issuer				
								(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				x		- /			
				(Month/Day/Year) 04/27/2006				X_ Director Officer (give	title 10%	b Owner er (specify		
	TER BOULEV	ARD	04/2//20	106				below)	below)	or (speens		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
X Form filed						_X_ Form filed by	One Reporting Person More than One Reporting					
COVINGTO	N, KY 41012							Person	Nore than One R	eporung		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D			3.				5. Amount of	1	7. Nature of		
Security (Instr. 3)	(Month/Day/Yea	ar) Executi any	ion Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct Indirect (D) or Beneficial				
(11511-0)		-				/	Owned	Indirect (I)	Ownership			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Humana								0	D			
Common								Ū	D			

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)

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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. Transact Code (Instr. 8)	5. Number ionof Derivative Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	tive of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr.
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Unit (1)	<u>(1)</u>	04/27/2006		А	9,193		<u>(1)</u>	(1)	Humana Common	9,193	<u>(1)</u>

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
OBRIEN JAMES J /KY ASHLAND INC. 50 E. RIVERCENTER BOULEVARD COVINGTON, KY 41012	Х						
Signatures							
James J. O'Brien 04/27/2006							

<u>**</u>Signature of Reporting Person 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) Initial award of restricted stock units payable upon termination of services as a director at which time they will be payable in Humana Inc. common stock on a 1-for-1 basis, exempt pursuant to Rule 16(b)-3(d).

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.