## Edgar Filing: CVS HEALTH Corp - Form 4

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Form 4	н согр								
March 01, 20	16								
FORM	4					OMB AI	PPROVAL		
	UNITED S.	FATES SECUR Was	ITIES AND EX hington, D.C. 2		COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er <b>STATEMI</b> 5. Filed pursu <sup>15</sup> Section 17(a)	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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					January 31 Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type R	esponses)								
1. Name and Ac Boratto Eva	ddress of Reporting Pe C	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol CVS HEALTH Corp [CVS]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Mie	ddle) 3. Date of	3. Date of Earliest Transaction			c all applicable	;)		
ONE CVS D	RIVE		(Month/Day/Year) 02/27/2016			Director 10% Owner X_Officer (give title Other (specify below) below) SVP, Cont & Chief Acct Officer			
	(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			
WOONSOC	KET, RI 02895				Form filed by M Person				
(City)	(State) (Z	ip) Table	I - Non-Derivativ	e Securities Ac	quired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction(A) or	urities Acquired Disposed of (D 3, 4 and 5) (A) or		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/27/2016		Code V Amou F 192 (	\$	26 562 4680	D			
Common Stock (restricted)				27.00	19,895	D			

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addres	55	Relationships						
	Director	10% Owner	Officer	Other				
Boratto Eva C ONE CVS DRIVE WOONSOCKET, RI 02895			SVP, Cont & Chief Acct Officer					
Signatures								
/s/ Eva C.	02/29/2016							

<u>\*\*</u>Signature of Reporting Person

Boratto

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 upon the vesting of a restricted stock award.

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.