CVS HEALTH Corp Form 4 April 05, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

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Form filed by More than One Reporting

Person

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Foulkes Helena Issuer Symbol CVS HEALTH Corp [CVS] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner _X__ Officer (give title _ Other (specify ONE CVS DRIVE 04/01/2016 below) EVP, President-CVS Pharmacy (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person

WOONSOCKET, RI 02895-

| (City) | (State) (Z | Zip) Table | e I - Non-D | erivative | Secur | ities Acqui | red, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------|------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securion(A) or D (Instr. 3, | ispose 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 04/01/2016 | | F | 4,411 (1) | D | \$ 104.82 | 45,899.6389 | D | |
| Common Stock (restricted) | 04/01/2016 | | A | 9,540 (2) | A | \$ 104.82 | 36,556.1706 | D | |
| Common Stock (pep) | | | | | | | 4,615.8294 | D | |
| ESOP Common Stock | | | | | | | 3,991.8821 | I | By ESOP |
| Stock Unit | | | | | | | 30,530.1649 | D | |

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

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SEC 1474 (9-02)

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. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | \$ 104.82 | 04/01/2016 | | A | 71,696 | 04/01/2017(3) | 04/01/2023 | Common Stock | 71,690 |
| Stock Option | \$ 34.96 | | | | | 04/01/2012(4) | 04/01/2018 | Common Stock | 12,058 |
| Stock Option | \$ 45.07 | | | | | 04/02/2013(5) | 04/02/2019 | Common Stock | 19,965 |
| Stock Option | \$ 54.53 | | | | | 04/01/2014(6) | 04/01/2020 | Common Stock | 39,340 |
| Stock Option | \$ 34.96 | | | | | 04/01/2014(7) | 04/01/2021 | Common Stock | 28,60 |
| Stock Option | \$ 74.29 | | | | | 04/01/2015(8) | 04/01/2021 | Common Stock | 52,452 |
| Stock Option | \$ 102.26 | | | | | 04/01/2016(9) | 04/01/2022 | Common Stock | 59,922 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------------|-------|--|--|--|
| • | Director | 10% Owner | Officer | Other | | | |
| Foulkes Helena | | | EVP, | | | | |
| ONE CVS DRIVE | | | President-CVS | | | | |
| WOONSOCKET, RI 02895- | | | Pharmacy | | | | |

Reporting Owners 2

Signatures

Helena Foulkes 04/05/2016

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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 unit award.
- (2) Consists of restricted stock units awarded pursuant to Issuer's 2010 Incentive Compensation Plan. Restrictions lapse 50% on 4/1/2019 and 50% on 4/1/2021.
- (3) Option becomes exercisable in four equal annual installments, commencing 4/1/2017.
- (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 became exercisable in four equal annual installments, commencing 4/1/2014.
- (7) Option became exercisable in three equal annual installments, commencing 4/1/2014.
- (8) Option became exercisable in four equal annual installments, commencing 4/1/2015.
- (9) Option became exercisable in four equal annual installments, commencing 4/1/2016.

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.

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