### Edgar Filing: HEARD MARIAN L - Form 4

HEARD MA Form 4											
November 2	,										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								N OMB	3235-0287		
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con	ger o 16. or Filed pur ons tinue.	rsuant to S (a) of the F	<b>CHAN</b> ection 1 Public U	NGES IN SECUF (6(a) of the fility Hol	BENER RITIES ne Securi ding Co	FICIAL OV ities Excha mpany Act	nge Act of 1934, of 1935 or Secti	Expires: Estimated burden hou response.	urs per		
See Instr 1(b). (Print or Type		50(II) (		ivestment	. Compa	ny Act of 1	940				
1. Name and A HEARD M	2. Issuer Name <b>and</b> Ticker or Trading Symbol CVS CORP [CVS]			5. Relationship of Reporting Person(s) to Issuer							
(Last)	Last)(First)(Middle)3. Date of Earliest Tr (Month/Day/Year)CVS DRIVE11/22/2005				Washington, D.C. 20549       Number: 3235-0287         ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Securities Exchange Act of 1934, 2005         ed pursuant to Section 16(a) of the Securities Exchange Act of 1934, on 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940       Securities Exchange Act of 1934, 0.5         porting Person *       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting Person(s) to Issuer         (Middle)       3. Date of Earliest Transaction (Month/Day/Year)	nsaction X_ Director Officer (give			title Other (specify		
				Applicable Line) _X_ Form filed by One Reporting Person							
WOONSO	CKET, RI 02895-							More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	e Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution l any	Date, if	Transactio Code (Instr. 8)	nAcquired Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
Reminder: Re	port on a separate line	e for each cla	uss of secu								
Persons who respond to the collect information contained in this form required to respond unless the for displays a currently valid OMB con-					n are not orm						

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		(Instr. 5)

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	Derivative Security		Acquin (A) or Dispos of (D) (Instr.	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
			Code V	" (A) (	(D) Date Exercisa	Expiration able Date	Title	Amount or Number of Shares	
Share Credits	\$ 0	11/22/2005	А	37 (1)	(2)	(2)	Common Stock	37	\$ 0

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
HEARD MARIAN L ONE CVS DRIVE WOONSOCKET, RI 02895-	Х			
Signatures				
Marian L Heard 1	1/23/2005			
<u>**Signature of</u>	Date			

<u>\*\*</u>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 share credits acquired as deferred annual grant, semi-annual compensation and/or meeting fees all at market price pursuant to the 1997 Incentive Compensation Plan.
- (2) Consists of Deferred Stock Compensation payable pursuant to Insider's election.

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.