## Edgar Filing: COHEN BETSY Z - Form 4

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| Form 4   |                                  |   |   |  |             |   |          |   |  |   |  |
|--|----------------------------------|---|---|--|-------------|---|----------|---|--|---|--|
| January 04, 2006   |                                  |   |   |  |             |   |          |   | OMB A  | PPROVAL   |  |
| FORM 4   | UNITED                           | Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |   |  |             |   |          |   |  | OMB<br>Number: 3235-0287<br>Expires: January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |
| Check this bo<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br><i>See</i> Instruction<br>1(b). | STATEN<br>Filed pu<br>Section 17 |   |   |  |             |   |          |   |  |   |  |
| (Print or Type Respo   | onses)                           |   |   |  |             |   |          |   |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>COHEN BETSY Z  |                                  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol             |  |             |   | g        | 5. Relationship of Reporting Person(s) to Issuer  |  |   |  |
|  |                                  |   | AETNA INC /PA/ [AET]  |  |             |   |          | (Check all applicable)  |  |   |  |
| (Mo  |                                  |   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>12/30/2005 |  |             |   |          | _X_ Director10% Owner<br>Officer (give titleOther (specify<br>below)below)  |  |   |  |
|  | (Street)                         |   | 4. If Amendment, Date Original Filed(Month/Day/Year)              |  |             |   |          | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |   |  |
| PHILADELPHI  | IA, PA 1910                      | 3   |   |  |             |   |          |   | More than One Re   |   |  |
| (City)   | (State)                          | (Zip)   | Table   | I - Non-Do   | erivative S | ecurit  | ties Aco | quired, Disposed o  | of, or Beneficial  | lly Owned   |  |
|  | Transaction Da<br>Ionth/Day/Year | r) Execution<br>any   | med<br>n Date, if<br>Day/Year)                                    | 3. 4. Securi<br>TransactionAcquired<br>Code Disposed<br>(Instr. 8) (Instr. 3,<br>Code V Amount |             | d (A) or<br>d of (D)<br>, 4 and 5)<br>(A)<br>or |          | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |  |
| Common<br>Stock  |                                  |   |   |  |             |   |          | 8,142   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                     |
|---|---|---|---|--|--|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| PHANTOM<br>STOCK<br>UNITS (1)                       | (2)   | 12/30/2005                              |   | А                                      | 31.81  | <u>(1)</u>   | <u>(1)</u>         | COMMON<br>STOCK   | 31.81                               |
| PHANTOM<br>STOCK<br>UNITS <u>(1)</u>                | (2)   | 01/03/2006                              |   | А                                      | 21.263   | <u>(1)</u>   | <u>(1)</u>         | COMMON<br>STOCK   | 21.263                              |

## **Reporting Owners**

| Reporting Owner Name / Address  |          | Relationsh |         |       |  |  |  |  |
|---|----------|------------|---------|-------|--|--|--|--|
| I B B B B B B B B B B B B B B B B B B B   | Director | 10% Owner  | Officer | Other |  |  |  |  |
| COHEN BETSY Z<br>THE BANCORP BANK<br>1818 MARKET STREET<br>PHILADELPHIA, PA 19103                     | Х        |            |         |       |  |  |  |  |
| Signatures  |          |            |         |       |  |  |  |  |
| BETSY Z. COHEN, by Paige  |          | 01/04/2006 |         |       |  |  |  |  |
| <u>**</u> Signature of Report   |          | Date       |         |       |  |  |  |  |
| Explanation of Responses:   |          |            |         |       |  |  |  |  |
| * If the form is filed by more than one reporting person, see Instruction $A(\mathbf{h})(\mathbf{y})$ |          |            |         |       |  |  |  |  |

- \* 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).

UNITS ACCRUED UNDER THE AETNA INC. NON-EMPLOYEE DIRECTOR COMPENSATION PLAN (THE "PLAN")
(1) PURSUANT TO DEFERRAL OF DIRECTOR FEES. SUBJECT TO TERMS OF PLAN, UNITS MAY BE SETTLED IN AETNA COMMON STOCK, IN CASH OR A COMBINATION OF BOTH UPON REPORTING PERSON'S RETIREMENT.

(2) UNITS CONVERT TO COMMON STOCK ON A ONE FOR ONE BASIS.

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.