AETNA INC /PA/ Form 4 January 03, 2014

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

1(b).

COMMON

STOCK

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * HARRINGTON RICHARD J			Symbol	2. Issuer Name and Ticker or Trading Symbol AETNA INC /PA/ [AET]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle					(Check all applicable)					
(Last)	(11131)	(Wilder	, , , , , , , , , , , , , , , , , , , ,		Saction		X Director	100				
0 CDEVICEON	` *	(Month/Day/Year)					Owner					
9 GREYSTONE FARM LANE			12/31/201	3			Officer (give below)	below)	er (specify			
	4. If Amend	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
	Filed(Month/	Filed(Month/Day/Year)				Applicable Line)						
				•			_X_ Form filed by					
WESTPORT, CT 06880								Form filed by More than One Reporting Person				
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ly Owned			
1.Title of	2. Transaction	Date 2	2A. Deemed	3.	4. Securi	ties	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year) Ex		Execution Date, if	TransactionAcquired (A) or			Securities	Form: Direct	Indirect			
(Instr. 3)		;	any	Code	Disposed	l of (D)	Beneficially	(D) or	Beneficial			
		((Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned	Indirect (I)	Ownership			
							Following	(Instr. 4)	(Instr. 4)			
						(A)	Reported					
						or	Transaction(s)					
				Code V	Amount	(D) Price	(Instr. 3 and 4)					

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.

SEC 1474

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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	2.	3. Transaction Date	3A. Deemed	4.		5. Number of	f	6. Date Exerc	cisable and	7. Title and Am	ount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative			Expiration Date		Underlying Securities		
Security	or Exercise		any	Code		Securities		(Month/Day/	Year)	(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8)	Acquired (A)	or (
	Derivative					Disposed of	(D)				
	Security					(Instr. 3, 4, a	nd				
						5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
PHANTOM STOCK UNITS (1)	<u>(2)</u>	12/31/2013		A		371.774		<u>(1)</u>	(1)	COMMON STOCK	371.7

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HARRINGTON RICHARD J 9 GREYSTONE FARM LANE X WESTPORT, CT 06880

Signatures

RICHARD J. HARRINGTON, by Melinda

Westbrook 01/03/2014

**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).
 - 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.
- (3) INCLUDES UNITS ACCRUED UNDER THE PLAN PURSUANT TO REINVESTMENT OF DIVIDEND EQUIVALENTS.

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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