Edgar Filing: DECOUDREAUX ALECIA A - Form 4

DECOUDRE Form 4 June 06, 2018	EAUX ALECI B	A A									
FORM	1								-	PPROVAL	
-	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	er								Expires:	January 31,	
subject to		EMENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 10 Form 4 or				SECUR	ITIES				burden hou		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligation	18 Section 1						-	f 1935 or Section	n		
may conti <i>See</i> Instru 1(b).	nue.		of the Inv	•	•	· ·					
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person * 2. Issuer DECOUDREAUX ALECIA A Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			CVS HE	EALTH C	orp [CV	S]		(Chec	k all applicable	e)	
(Mont				Date of Earliest Transaction							
			(Month/Day/Year) 06/04/2018					_X_ Director10% Owner Officer (give titleOther (specify below) below)			
	(Street)			ndment, Da	-			6. Individual or Jo	oint/Group Filir	1g(Check	
			Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by (Dea Deporting De	Nr. on	
WOONSOC	KET, RI 0289	95						Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)				Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	06/04/2018			А	1,638 (1)	А	\$ 64.1	1,638	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)

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. Transacti Code (Instr. 8)	5. oriNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired A) or Disposed of (D) Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	01 N 01	or Number		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DECOUDREAUX ALECIA A ONE CVS DRIVE WOONSOCKET, RI 02895	Х							
Signatures								
/s/ Alecia A. DeCoudreaux	06/05/20	18						
<u>**</u> 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).
- (1) Consists of common stock issued in payment of a semi-annual retainer, at the market price, pursuant to the 2017 Incentive Compensation Plan.

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.