Edgar Filing: CVS CAREMARK CORP - Form 4

	MARK CORP										
Form 4											
November 0											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									IB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check th	nis box		v v a.	sinington,	D.C. 20	547				January 31,	
if no lon		MENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OF				NERSHIP OF	Expires:	2005	
subject t Section	.0			SECURITIES					Estimated average burden hours per		
Form 4 of									response 0.5		
Form 5	Filed pu	rsuant to	Section 1	6(a) of the	e Securit	ies E	Exchang	e Act of 1934,	·		
obligatio may con				•	•	· ·		f 1935 or Section	n		
See Instr		30(h)) of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type	Responses)										
(Thin of Type	responses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
BROWN C DAVID II Symbo				-				Issuer			
			CVS C	AREMAR	K COR	P [C'	VS]	(Chao	k all applicable	.)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				k all applicable				
			(Month/E	Month/Day/Year)				_X_ Director10% Owner			
			11/06/2007					Officer (give title Other (specify below) below)			
	(Street)		4 If Δme	ndment Da	te Origina	1		,	· · · · · · · · · · · · · · · · · · ·	or(Check	
				If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
					, 			_X_ Form filed by 0			
WOONSO	CKET, RI 02895	-						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	a I. Mara D		C			e an Danafiaial	les Oenre e d	
							-	uired, Disposed of		-	
1.Title of Security	2. Transaction Da (Month/Day/Year		emed3.4. Securities Acquiredon Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)					5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wondie Duy) I car	any						Beneficially		Beneficial	
		(Month/	Day/Year) (Instr. 8)					Owned		Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	11/06/2007			А	23 (1)	A	\$	122	D		
Stock	11/00/2007			A	23 (1)	A	41.82	122	D		
Common					00: (1)		\$				
Stock	11/07/2007			А	804 <u>(1)</u>	А	41.64	926	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 c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

**Signature of

Reporting Person

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
BROWN C DAVID II ONE CVS DRIVE WOONSOCKET, RI 02895-	Х						
Signatures							
C. David Brown II	1/08/2007						

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 acquired as annual grant, semi-annual compensation and/or meeting fees pursuant to the issuer's 1997 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.