### Edgar Filing: BANKS EDWIN M - Form 4

Form 4 May 08, 200										
Check thi if no long subject to Section 1 Form 4 of	ashington	RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES			OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per					
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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							0.5			
(Print or Type R	Responses)									
BANKS EDWIN M Symbol			ol	er Name and Ticker or Trading AREMARK CORP [CVS]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			te of Earliest Transaction th/Day/Year) 7/2008			X Director 10% Owner Officer (give title Other (specify below) below)				
				endment, Date Original nth/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> <li> Form filed by More than One Reporting</li> </ul>			
WOONSOC	CKET, RI 02895-						Person	lore than One Re	porung	
(City)	(State)	(Zip) T	able I - Non-]	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securi ior(A) or D (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/07/2008		А	4,000 (1)	А	\$ 41.53	23,187	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 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acqu (A) or Disposed (D) (Instr. 3, 4, and	d of	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour Numbe Shares
Share Credits	\$ 0	05/07/2008		А	2,347.7005 (2)		(3)	<u>(3)</u>	Common Stock	2,347
Stock Option	\$ 9.17						<u>(4)</u>	02/25/2013	Common Stock	46,
Stock Option	\$ 13.41						(4)	01/02/2014	Common Stock	46,
Stock Option	\$ 20.23						<u>(4)</u>	03/01/2015	Common Stock	33,
Stock Option	\$ 27.12						(4)	03/01/2016	Common Stock	33,

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BANKS EDWIN M ONE CVS DRIVE WOONSOCKET, RI 02895-	Х						
<b></b>							

# Signatures

EdwinMBanks	05/08/2008
<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).
- (2) 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.
- (4) Option acquired in connection with the merger of Caremark Rx, Inc. with a subsidiary of CVS Corporation and the conversion of Caremark Rx, Inc. stock option to CVS/Caremark Corporation stock option. Option is 100% exercisable as of the date of the merger.
- (1) Consists of common stock acquired as annual grant, semi-annual compensation and/or meeting fees.
- (3) 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.