CVS CAREMARK CORP

Form 4

Stock Unit

November 25, 2013

FORM	I /								OMB AF	PROVAL	
Chivi	UNITE	D STATE			ND EXC D.C. 205		IGE CO	OMMISSION	OMB Number:	3235-028	
Check thi				0 /					Expires:	January 31	
if no longer subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BE SECURIT									Estimated average burden hours per response 0.		
Form 5 obligation may continue <i>See</i> Instruction 1(b).	Section 1	7(a) of the		lity Hold	ling Com	pany	Act of 1	Act of 1934, 1935 or Section	·		
(Print or Type R	Responses)										
1. Name and A Bisaccia Lis	ddress of Reportin	ng Person *	Symbol		Ticker or T		']	5. Relationship of I Issuer	Reporting Pers	on(s) to	
					K CORP	[CV:	S]	(Check all applicable)			
(Last) (First) (Middle) ONE CVS DRIVE			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2013						Owner r (specify	
WOONSOC	(Street)	5	4. If Amer Filed(Mont		te Original		-	5. Individual or Joi Applicable Line) _X_ Form filed by Oi Form filed by Mo	nt/Group Filin	g(Check	
(City)	(State)	(Zip)				•		Person			
1.Title of 2. Transaction Date 2A. I Security (Month/Day/Year) Execution (Instr. 3) any				3.	4. Securit or(A) or Dis (Instr. 3, 4	ies Ac	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	11/21/2013			M	15,299	A	\$ 36.23	23,775	D		
Common Stock	11/21/2013			S <u>(1)</u>	15,299	D	\$ 66	8,476	D		
Common Stock (restricted)								29,128.0004	D		
ESOP Common Stock								552.6058	I	Direct	

27,232.8168 D

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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 (9-02)

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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Number Shares
Stock Option	\$ 36.23	11/21/2013		M		15,299	04/01/2011(2)	04/01/2017	Common Stock	15,29
Phantom Stock Credits	\$ 1						(3)	(3)	Common Stock	472.3
Stock Option	\$ 34.96						04/01/2012(4)	04/01/2018	Common Stock	36,17
Stock Option	\$ 45.07						04/02/2013(5)	04/02/2019	Common Stock	31,05
Stock Option	\$ 54.53						04/01/2014(6)	04/01/2020	Common Stock	27,53

Reporting Owners

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

Bisaccia Lisa ONE CVS DRIVE WOONSOCKET, RI 02895

SVP, Chief HR Officer

Signatures

Lisa G. Bisaccia 11/22/2013

**Signature of Person Date

Reporting Owners 2

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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) All transactions were effected pursuant to a Rule 10b5-1 plan.
- (2) Option became exercisable in three equal annual installments, commencing 4/1/2011.
- (3) Reflects year-end company-match share credits under a non-qualified deferred compensation plan; share credits are payable in cash only, as such time as has been elected by the reporting person.
- (4) Option became exercisable in four equal annual installments, commencing 4/1/2012.
- (5) Option became exercisable in four equal annual installments, commencing 4/2/2013.
- (6) Option becomes exercisable in four equal annual installments, commencing 4/1/2014.

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.