Edgar Filing: IMS HEALTH INC - Form 4

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Form 4												
February 16,	2005											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549							-	APPROVAL 3235-0287			
Check thi if no long subject to Section 10 Form 4 on Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATE 6. Filed pu ¹⁸ Section 17	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	Responses)											
			2. Issuer Name and Ticker or Trading Symbol IMS HEALTH INC [RX]					7	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(N				(1/2) $(1+1/2)$ $(1/2)$					Director X Officer (give below)	Director 10% Owner Officer (give title Other (specify		
				ndment, Date Original nth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
FAIRFIELD	, CT 06824								Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecurit	ies Acq	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	emed on Date, if Day/Year)	3. Transac Code (Instr. 8 Code	3)	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	posed	of	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	02/14/2005			А		10,628	A	<u>(1)</u>	28,548	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
COOPER NANCY E C/O IMS HEALTH 1499 POST ROAD FAIRFIELD, CT 06824			SVP & CFO						
Signatures									
/s/Nancy E. Cooper)2/16/2005								
<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) Grant of Restricted Stock Units for no cash consideration in a transaction exempt under rule 16b-3.

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.