Edgar Filing: IMS HEALTH INC - Form 4

INCLUE AL TU INC

IMS HEAL	TH INC										
Form 4											
August 10, 2	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check th if no lon								Expires:	January 31,		
subject t	ENT OF	F CHANGES IN BENEFICIAL OW SECURITIES					NERSHIP OF	Estimated a	2005 Verage		
Section								burden hour			
Form 4 o								response	response 0.5		
Form 5 obligation	-						-	e Act of 1934,			
may con	Section 1719			•	•	· ·		1935 or Section	1		
See Instr	ruction	30(h) d	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type	Responses)										
(I fine of Type	(tesponses)										
1. Name and A	Address of Reporting P	Person <u>*</u>	2. Issuer	r Name and	l Ticker or '	Tradin	ıø	5. Relationship of	Reporting Person(s) to		
	CHEN ROBERT		Symbol				.9	Issuer			
		IMS HEALTH INC [RX]									
(Last)	(First) (M	liddle)	3 Date of	f Farliest Tr	ansaction			(Check	k all applicable)		
()	(<i>,</i>	3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director10% Owner			
C/O IMS H	EALTH, 1499 PO		08/08/2005					Officer (give title Other (specify			
ROAD							below) below)				
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				Month/Day/Year)				Applicable Line)			
X Form filed by O											
FAIRFIELD, CT 06824 — Form filed by More than One Reporting Person								porung			
(City)	(State) (Zip)	T - 1.1					·		0	
		-					-	uired, Disposed of		-	
1.Title of	2. Transaction Date			3. Transactio	4. Securit			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, II	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Form: Direct Beneficial		
	(Month/Da						Owned	(D) or	Ownership		
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Codo V	Amount	or	Duine	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Stock	08/08/2005			М	18,448	А	φ 16.83	58,641	D		
							¢				
Common	08/08/2005			S	18,448	D	\$	40,193	D		
Stock							27.44				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transactic 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 8 Underlying Securities 1 (Instr. 3 and 4) 5	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Shares Purchase Right	\$ 16.83	08/08/2005		М	18,448	<u>(1)</u>	08/23/2005	Common Stock	18,448

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
KAMERSCHEN ROBERT C/O IMS HEALTH 1499 POST ROAD FAIRFIELD, CT 06824	Х						
Signatures							
Alandra C. Murphy Attorney-in-Fact		08/10/2005	5				
**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).

This share purchase right was subject to accelerated performance vesting based upon achievement of target market prices for issuer's (1) common stock (ranging from 18.54 to 28.30 per share) and became 80% vested on 1/15/2001, with the remaining 20% vesting on 5/24/2001.

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.