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BOGGS BR	UCE F										
Form 4											
January 05, 2	2006										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	STATES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31, 2005 Estimated average burden hours per		
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionSee Instruction30(h) of the Investment Company Act of 1940									0.5		
(Print or Type]	(csponses)										
BOGGS BRUCE F Sym				r Name and EALTH II		Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)		f Earliest Tr				(Check	c all applicable)	
, <i>,</i> ,	EALTH, 1499 PC	,	(Month/E 01/03/2	Day/Year)	ansaction			Director X_Officer (give below) SVP, Presi		Owner er (specify ericas	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
FAIRFIELI	D, CT 06824							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	n Date, if	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/03/2006			F	4,573	D	\$ 25.09	31,035	D		
Common Stock	01/03/2006			А	19,928	А	\$ 25.09	50,963	D		

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BOGGS BRUCE F C/O IMS HEALTH 1499 POST ROAD FAIRFIELD, CT 06824			SVP, President IMS Americas					
Signatures								
Alandra C. Murphy Attorney-in-Fact	01/05	5/2006						
**Signature of Reporting Person	Da	nte						

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).

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.