BOGGS BRUCE F Form 4 April 26, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BOGGS BRUCE F			2. Issuer Name and Ticker or Trading Symbol IMS HEALTH INC [RX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
C/O IMS HEALTH, 1499 POST ROAD			(Month/Day/Year) 04/24/2006	Director 10% Owner _X Officer (give title Other (specify below) SVP, President IMS Americas		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
FAIRFIELD, CT 06824			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	e I - Non-E	Derivative :	Secur	ities Acqu	iired, Disposed of	, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dia (Instr. 3, 4)	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/24/2006		M	60,561	A	\$ 15.63	134,423	D	
Common Stock	04/24/2006		S(1)	60,561	D	(2)	73,862	D	
Common Stock	04/24/2006		S <u>(1)</u>	8,877	D	<u>(3)</u>	64,985	D	

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

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number.

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 or Derivative 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	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 15.63	04/24/2006		M	60,561	<u>(4)</u>	08/01/2009	Common Stock	60,561	

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 6	Director	10% Owner	Officer	Other				
BOGGS BRUCE F			CVD					
C/O IMS HEALTH			SVP,					
1499 POST ROAD			President IMS					
FAIRFIFI D CT 06824			Americas					

Signatures

Alandra C. Murphy Attorney-in-Fact 04/26/2006

**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) The Sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 16, 2006.
- (2) Employee sold 60,561 shares at prices ranging from \$27.09 to \$27.60 per share.
- (3) Employee sold 8,877 shares at prices ranging from \$27.09 to \$27.60 per share.
- (4) Such Option became exercisable in three equal installments beginning on the first anniversary of the date of grant, August 1, 2002.

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.

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