

IMS HEALTH INC
Form 3
November 02, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Nelligan William		(Month/Day/Year)	IMS HEALTH INC [RX]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		11/01/2006		
C/O IMS HEALTH,Â 1499			(Check all applicable)	
POST ROAD			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			President, IMS Americas	
FAIRFIELD,Â CTÂ 06824				6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	19,790	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Option (Right to Buy)	Â (1)	02/11/2009	Common Stock	20,000	\$ 18.88	D	Â
Option (Right to Buy)	Â (2)	07/08/2009	Common Stock	44,000	\$ 17.7	D	Â
Option (Right to Buy)	Â (3)	05/20/2010	Common Stock	50,000	\$ 16.05	D	Â
Option (Right to Buy)	Â (4)	04/05/2011	Common Stock	45,000	\$ 23.92	D	Â
Option (Right to Buy)	Â (5)	04/15/2012	Common Stock	35,000	\$ 24.06	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Nelligan William C/O IMS HEALTH 1499 POST ROAD FAIRFIELD,Â CTÂ 06824	Â	Â	Â President, IMS Americas	Â

Signatures

Alandra C. Murphy
Attorney-in-Fact

11/03/2006

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) This option vested in three equal annual installments beginning on the first anniversary of the date of grant, February 11, 2002.
- (2) This option vested in three equal annual installments beginning on the first anniversary of the date of grant, July 8, 2002.
- (3) This option vested in three equal annual installments beginning on the first anniversary of the date of grant, May 20, 2003.
- (4) This option vests in three equal installments beginning on the first anniversary of the date of grant, April 5, 2004.
- (5) This option vests in three equal installments beginning on the first anniversary of the date of grant, April 15, 2005.

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.