## Edgar Filing: BOGGS BRUCE F - Form 4

DOCCE DDUCE E

Form 4													
February 15, 2	S SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct	Filed purs Section 17(a	Washington, D.C. 20549 ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES ed pursuant to Section 16(a) of the Securities Exchange Act of 19 on 17(a) of the Public Utility Holding Company Act of 1935 or Security 30(h) of the Investment Company Act of 1940							ge Act of 1934, f 1935 or Sectio	Number: Expires: Estimated a burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
1(b).	esnonses)												
DOCCE DDUCE E				2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			IMS HEALTH INC [RX] 3. Date of Earliest Transaction						(Check all applicable)				
(Montl				Ionth/Day/Year) 2/13/2007					Director 10% Owner X_Officer (give title Other (specify below) SVP, Glb. Mtg., Comm, & Ex Aff				
				nendment, Date Original Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NORWALK	, CT 06851									More than One Re			
(City)	(State) (	Zip)	Table	I - Non	1-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securit nAcquired Disposed (Instr. 3, Amount	l (A) c l 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	02/13/2007			A		4,725	A	<u>(1)</u>	67,995	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. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D)			Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
<b>F F</b>	Directo	or 10% Owner	Officer	Other					
BOGGS BRUCE F C/O IMS HEALTH 901 MAIN AVENUE, SU NORWALK, CT 06851	ЛТЕ 612		SVP, Glb. Mtg., Comm, & Ex Aff						
Signatures									
/s/Bruce F.									
Boggs	02/15/2007								
**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 Sock 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.