Sonde Marie B

Form 3

| February 15, 200 |)7 | | | | | | | | | | |
|--|---------------------|--------------------------|---|---|---|--|------------------------------------|-------------------------------|---|------------|--|
| | | | | URITIES AND EXCHANGE COMMISSI | | | MISSIO | ON OMB APPROVAL | | | |
| | | | Wa | shington, I | D.C. 20549 | | | ON Nu | ИВ Imber: | 3235-0104 | |
| | IN | ITIAL S | FATEMEN | T OF BEN | FICIAL | OWNERSH | IIP OF | | pires: | January 31 | |
| | | | | | (a) of the Securities Exchange Act of 1934, | | | Es bu | Extimated average burden hours per response 0 | | |
| | Section | | he Public U (h) of the In | | | y Act of 193 ct of 1940 | 5 or Sect | | | | |
| (Print or Type Respo | onses) | | | | | | | | | | |
| PersonStatementÂSonde Marie B(Month/Dage) | | Statement (Month/Day/ | Year) | 3. Issuer Name and Ticker or Trading Symbol IMS HEALTH INC [RX] | | | | | | | |
| (Last) (F | First) (| (Middle) | 02/13/2007 | | | | | | If Amendment, Date Original led(Month/Day/Year) | | |
| C/O IMS HEAL AVENUE, SUI | | 1 MAIN | | | (Chec | k all applicable) | | | ii/Duy/1cu | 1) | |
| (S NORWALK,Â | treet) CTÂ 068 | 51 | | | | | r Fi ow) _X | ling(Che (_ Form f rson | · | - | |
| | | | | | | | | porting P | Person | | |
| (City) (S | state) | (Zip) | | Table I - N | Non-Deriva | tive Securit | ies Benef | ficially | Owned | 1 | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature Ownersh (Instr. 5) | ip | rect Benef | icial | |
| Common Stock | | | | 19,151 | | D | Â | | | | |
| Common Stock | (1) | | | 435 | | Ι | 401(k) | Stock I | Plan | | |
| Reminder: Report o owned directly or in | | e line for eac | ch class of secu | urities benefic | ially | SEC 1473 (7-02 | 2) | | | | |
| | informa required | tion conta to respoi | oond to the c ined in this f nd unless the IB control nu | orm are not e form displ | t | | | | | | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |

Edgar Filing: Sonde Marie B - Form 3

| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) | |
|-----------------------|---------------------|--------------------|-----------------|----------------------------------|------------------------|---|---|
| Option (Right to Buy) | (2) | 07/29/2008 | Common Stock | 3,344 | \$ 26.34 | D | Â |
| Option (Right to Buy) | (3) | 01/14/2009 | Common Stock | 22,909 | \$ 30.39 | D | Â |
| Option (Right to Buy) | (4) | 02/15/2010 | Common Stock | 40,996 | \$ 20.49 | D | Â |
| Option (Right to Buy) | (5) | 04/05/2011 | Common Stock | 40,000 | \$ 23.92 | D | Â |
| Option (Right to Buy) | (6) | 04/15/2012 | Common Stock | 35,000 | \$ 24.06 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Sonde Marie B C/O IMS HEALTH 901 MAIN AVENUE, SUITE 612 NORWALK, CT 06851 | Â | Â | VP Global Human Resources | Â | | | |

Signatures

/s/ Marie B. Sonde **Signature of Date

Reporting Person

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) Shares acquired pursuant to the Issuer's 401(k) Plan.
- (2) This option vests in three equal annual installments beginning on the first anniversary of the date of grant, July 29, 1999.
- (3) This option vests in three equal annual installments beginning on the first anniversary of the date of grant, January 14, 2000.
- (4) This option vests in three equal annual installments beginning on the first anniversary of the date of grant, February 15, 2001.
- (5) This option vests in three equal installments beginning on the first anniversary of the date of grant, April 5, 2005.
- (6) This option vests in three equal installments beginning on the first anniversary of the date of grant, April 15, 2006.

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.