### CVS CAREMARK CORP

Form 4

Stock Unit

December 11, 2013

<b>FORM</b>	I <b>/</b> 1								OIVID AF	PROVAL		
	UNITI	ED STATE			ND EXC , D.C. 205		NGE CO	OMMISSION	OMB Number:	3235-028		
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti	s box  er  STATEMENT OF CHANGE  6.  Filed pursuant to Section 16(a  Section 17(a) of the Public Utilit  20(b) of the Invisor				RITIES  e Securiti  ding Com	es Ex	change Act of	Act of 1934, 1935 or Section	Expires: Estimated a burden hou response			
See Instru 1(b).	iction	2 3 (	,		r	,						
(Print or Type R	Responses)											
1. Name and Address of Reporting Person * Bisaccia Lisa			2. Issuer Symbol						5. Relationship of Reporting Person(s) to Issuer			
			CVS CA	REMA	RK CORF	P [CV	S]	(Check all applicable)				
(Last)  ONE CVS D	(First)  ORIVE	(Middle) 3. Date of (Month/Date 12/10/20			ransaction			Director 10% Owner X_ Officer (give title Other (specify				
								below) SVP, C	below) hief HR Office	er		
	(Street)			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WOONSOC	KET, RI 028	95						Form filed by Moreon				
(City)	(State)	(Zip)	Table	I - Non-I	Derivative S	Securit	ties Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)		Cransaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securition(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	' Amount	or (D)	Price	(Instr. 3 and 4)	,			
Common Stock	12/10/2013			M	12,057	A	\$ 34.96	20,533	D			
Common Stock	12/10/2013			S <u>(1)</u>	12,057	D	\$ 68	8,476	D			
Common Stock (restricted)								29,128.0004	D			
ESOP Common								552.6058	I	Direct		

27,232.8168 D

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

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SEC 1474 (9-02)

 $\label{thm:convertible} \textbf{Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned} \\ \textit{(e.g., puts, calls, warrants, options, convertible securities)}$ 

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)	Code	5. Number of actionDerivative Securities 8) 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	Amoun Number Shares
Stock Option	\$ 34.96	12/10/2013		M		12,057	04/01/2012(2)	04/01/2018	Common Stock	12,05
Phantom Stock Credits	\$ 1						<u>(3)</u>	(3)	Common Stock	472.3
Stock Option	\$ 45.07						04/02/2013(4)	04/02/2019	Common Stock	31,05
Stock Option	\$ 54.53						04/01/2014(5)	04/01/2020	Common Stock	27,53

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

Bisaccia Lisa

ONE CVS DRIVE SVP, Chief HR Officer

WOONSOCKET, RI 02895

# **Signatures**

Lisa G. Bisaccia 12/11/2013

\*\*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) All transactions were effected pursuant to a Rule 10b5-1 plan.

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- (2) Option became exercisable in four equal annual installments, commencing 4/1/2012.
- (3) Reflects year-end company-match share credits under a non-qualified deferred compensation plan; share credits are payable in cash only, as such time as has been elected by the reporting person.
- (4) Option became exercisable in four equal annual installments, commencing 4/2/2013.
- (5) Option becomes exercisable in four equal annual installments, commencing 4/1/2014.

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.