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if no lo subject Sectior Form 4 Form 5 obligat may co	1, 2013 M 4 UNITED this box nger to 16. or Filed pu Section 17	MENT O Irrsuant to a (a) of the	W F CHA Section Public	ashing NGES SE 16(a) Utility	gto 5 If CU of 1 Ho	n, D.C. 2 N BENE JRITIES the Secu	FICI rities	AL OW Exchan	COMMISSION /NERSHIP OF ge Act of 1934, of 1935 or Sectio /40	OMB Number: Expires: Estimated burden ho response	ours per	
1. Name and Address of Reporting Person <u>*</u> Lofberg Per GH (Last) (First) (Middle)			 Issuer Name and Ticker or Trading Symbol CVS CAREMARK CORP [CVS] Date of Earliest Transaction (Month/Day/Year) 						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
ONE CVS	02/19/2013 4. If Amendment, Date Original Filed(Month/Day/Year)						XOfficer (give titleOther (specify below) below) EVP and President, Caremark 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State)	(Zip)	Та	ble I - N	Non	-Derivativ	e Seci	urities Ac	Person quired, Disposed o	f. or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3.	actio 8)	4. Securi on(A) or Di (Instr. 3,	ies Ac sposec	equired 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)	
Stock Unit	02/19/2013			А		28,484 (1)	A	\$ 52.66	217,454.4303	D		
Common Stock									46,400	D		
Common Stock									162,000	I	By Lofberg Family Partnership, L.P.	
Common Stock									14,400	Ι	By Trusts	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or 1		
						Exercisable	Date		Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Addre	Relationships								
	Director	10% Owner	Officer	Other					
Lofberg Per GH ONE CVS DRIVE WOONSOCKET, RI 02895			EVP and President, Caremark						
Signatures									
Per G.H. Lofberg	02/20/2013								

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Consists of Stock Units awarded at market price pursuant to Issuer's 2010 Incentive Compensation Plan, the receipt of which the reporting person has elected to defer.

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.

<u>**</u>Signature of Reporting Person