## Edgar Filing: Bisaccia Lisa - Form 4

Check this box       if no longer         subject to       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         Section 16.       SECURITIES									3235-0287 January 31, 2005 average	
(Print or Type R										
1. Name and Address of Reporting Person <u>*</u> Bisaccia Lisa			ssuer Name <b>and</b> ool HEALTH C			g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction (Ch					ek all applicable)		
ONE CVS DRIVE			(Month/Day/Year) 02/28/2018				Director     10% Owner       X_Officer (give title     Other (specify       below)     below)       EVP and Chief HR Officer			
(Street) WOONSOCKET, RI 02895			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (	Zip) ,	fable I - Non-D	erivative S	Securi	ties Acau	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			ties A ispose 4 and (A) or	cquired d of (D) 5)	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	02/28/2018		Code V A	Amount 2,923	(D) A	Price \$ 67.73	18,479	D		
Common Stock	02/28/2018		F	885 <u>(2)</u>	D	\$ 67.73	17,594	D		
Common Stock (restricted)							23,084.0004	D		
ESOP Common Stock							592.536	Ι	Direct	
Stock Unit							30,522.1848	D		

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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		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	int 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)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	•	Title	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
Bisaccia Lisa ONE CVS DRIVE WOONSOCKET, RI 02895			EVP and Chief HR Officer				
Signatures							
Lisa G. Bisaccia	03/02/2018						
<u>**</u> Signature of	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) Consists of stock awarded at market price pursuant to Issuer's 2017 Incentive Compensation Plan and its Long-Term Incentive Plan.
- (2) Surrender of shares in payment of withholding taxes due upon the vesting of a stock award under the Registrant's 2017 Incentive Compensation Plan and its Long-Term Incentive Plan.

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.

Reporting Person