Edgar Filing: BANKS EDWIN M - Form 4

BANKS EDV Form 4									
November 06 FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	4 UNITH s box er STAT 5. 5. Filed section	EMENT O pursuant to 17(a) of the	Was F CHAN Section 16 Public Uti	hington, l GES IN E SECURI 5(a) of the ility Holdi	D.C. 205 BENEFIC TIES Securition	49 C IAL OW es Exchang	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per
(Print or Type R	esponses)								
BANKS EDWIN M S			2. Issuer Name and Ticker or Trading Symbol CVS CAREMARK CORP [CVS]			5. Relationship of Reporting Person(s) to Issuer			
(Last) ONE CVS D	(First) DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/04/2009				(Check all applicable) <u>X</u> Director Officer (give title 10% Owner below) Other (specify below)		
Filed(Mont			Amendment, Date Original 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 			
	KET, RI 028						Person		cporting
(City)	(State)	(Zip)					quired, Disposed o		-
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed on Date, if 'Day/Year)	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A)	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)
Common Stock				Code V	Amount	or (D) Price	(Instr. 3 and 4) 23,187	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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acqu (A) or Disposed (D) (Instr. 3, 4, and	l of	6. Date Exer Expiration D (Month/Day	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour Numbe Shares
Share Credits	\$ 0	11/04/2009		А	2,697.0954 (1)		(2)	(2)	Common Stock	2,697
Stock Option	\$ 9.17						(3)	02/25/2013	Common Stock	46,
Stock Option	\$ 13.41						(3)	01/02/2014	Common Stock	46,
Stock Option	\$ 20.23						(3)	03/01/2015	Common Stock	33,
Stock Option	\$ 27.12						(3)	03/01/2016	Common Stock	33,

Reporting Owners

Reporting Owner Name / Address	Relationships						
1.0.0	Director	10% Owner	Officer	Other			
BANKS EDWIN M							
ONE CVS DRIVE	Х						
WOONSOCKET, RI 02895-							
Signatures							

/s/ Edward M. Banks	11/05/2009		
<u>**</u> 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) Consists of share credits acquired for deferral of semi-annual compensation, at the market price, pursuant to the 1997 Incentive Compensation Plan.
- (2) Consists of Deferred Stock Compensation payable pursuant to Reporting Person's election.
- (3) Option acquired in connection with the merger of Caremark Rx, Inc. with a subsidiary of CVS Corporation and the conversion of Caremark Rx, Inc. stock option to CVS Caremark Corporation stock option. Option is 100% exercisable as of the date of the merger.

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.