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Bisaccia Lisa Form 4 February 22,											
FORM 4 OMB APPRO UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 OMB Statistic Mmber:								Number: 3235-028 January 3			
								•			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u></u> Bisaccia Lisa			suer Name and T ol CAREMARI			0	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mi		e of Earliest Tra			-	(Check	all applicable)		
ONE CVS DRIVE			(Month/Day/Year) 02/17/2011				Director 10% Owner X Officer (give title Other (specify below) SVP, Chief HR Officer				
WOONSOC	(Street) KET, RI 02895		4. If Amendment, Date Original 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) (Z	Zip)	able I - Non-De	rivative S	Securi		uired, Disposed of,	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. , if Transactio Code ear) (Instr. 8)	4. Securi	ties A ispose	cquired 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)			
Common			Code V		(D)	Price \$	(Instr. 3 and 4)				
Stock	02/17/2011		F	293 <u>(1)</u>	D	ф 32.76	2,179	D			
Common Stock	02/18/2011		F	213 <u>(1)</u>	D	\$0	1,966	D			
Common Stock (restricted)							15,975.0004	D			
ESOP Common Stock							535.8306	Ι	Direct		
Stock Unit							21,358.5254	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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	nd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	s	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 a	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Ar	nount		
								or			
						Date Exercisable	Expiration Date		umber		
								of			
				Code V	(A) (D)				ares		

Reporting Owners

Reporting Owner Name / Addr	ess					
	Director	10% Owner	Officer	Other		
Bisaccia Lisa ONE CVS DRIVE WOONSOCKET, RI 02895	í		SVP, Chief HR Officer			
Signatures						
Lisa G. Bisaccia	02/22/2011					

<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) Surrender of shares in payment of withholding taxes due.

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.