

Denton David M
Form 3
March 07, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Denton David M		(Month/Day/Year)	CVS CAREMARK CORP [CVS]	
(Last)	(First)	(Middle)	03/05/2008	
ONE CVS DRIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
WOONSOCKET,Â RIÂ 02895-			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			Controller	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	11,126.8343	D	Â
Common Stock (Restricted)	1,041 ⁽¹⁾	D	Â
Common Stock (Restricted)	4,403 ⁽²⁾	D	Â
Common Stock (Restricted)	5,681 ⁽³⁾	D	Â
Common Stock (Restricted)	14,397 ⁽⁴⁾	D	Â
Common Stock	297.2004	I	By ESOP

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option	01/05/2008	01/05/2012	Common Stock	5,334	\$ 22.445	D	Â
Stock Option	Â <u>(5)</u>	04/03/2013	Common Stock	11,526	\$ 30.035	D	Â
Stock Option	Â <u>(6)</u>	03/07/2011	Common Stock	5,000	\$ 30.2625	D	Â
Stock Option	Â <u>(7)</u>	04/02/2014	Common Stock	14,113	\$ 34.42	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Denton David M ONE CVS DRIVE WOONSOCKET, RI 02895-	Â	Â	Â Controller	Â

Signatures

DavidMDenton 03/07/2008
 **Signature of Date
 Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- (3) Consists of Restricted Stock awarded pursuant to issuer's 1997 Incentive Compensation Plan. Restrictions lapse 02/16/2009.
- (5) Option becomes exercisable in three annual installments, commencing 4/3/2007.
- (6) Option became exercisable in three annual installments, commencing 3/7/2003.
- (2) Consists of Restricted Stock awarded pursuant to issuer's 1997 Incentive Compensation Plan. Restrictions lapse 02/16/2010.
- (1) Consists of Restricted Stock awarded pursuant to issuer's 1997 Incentive Compensation Plan. Restrictions lapse 04/03/2010.
- (7) Option becomes exercisable in three equal annual installments, commencing 4/2/2008.
- (4) Consists of Restricted Stock awarded pursuant to issuer's 1997 Incentive Compensation Plan. Restrictions lapse 04/02/2010.

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.