Edgar Filing: CVS CORP - Form 4

CVS CORP											
Form 4	20 7										
January 11, 20									PPROVAL		
FORM	4 UNITED	STATES S	SECUI	RITIES A	AND EX	KCHANGI	E COMMISSIO				
				shington				Number:	3235-0287		
Check this if no longe	ar.				Expires:	January 31, 2005					
subject to	SIAIE	MENT OF	CHAN		Estimated						
Section 16 Form 4 or				SECUI	RITIES		burden hou	•			
Form 5		rsuant to Se	ection 1	6(a) of th	ne Secur	ities Excha	inge Act of 1934,	response	. 0.5		
obligations may contin	^s Section 17						t of 1935 or Secti				
See Instruc		30(h) o	f the Iı	nvestmen	t Compa	iny Act of	1940				
1(b).											
(Print or Type Re	esponses)										
(The of Type In	espenses)										
1. Name and Address of Reporting Person [*]				er Name an	d Ticker o	or Trading	5. Relationship of Reporting Person(s) to				
JOYCE WIL		Symbol				Issuer					
			CVS CORP [CVS]				(Check all applicable)				
(Last)	(First) (· · · · · · · · · · · · · · · · · · ·				1					
ONE CVS D	RIVF		(Month/Day/Year) 01/09/2007			_X_ Director 10% Owner Officer (give title Other (specify					
ONE CVS DRIVE			01/09/2007				below) below)				
(Street)			4. If Amendment, Date Original			nal	6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
WOONSOCI	KET, RI 02895-	-						More than One R			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of 2	2. Transaction Date	2A. Deemed	l	3.	4. Secur	ities	5. Amount of	6. Ownership	7. Nature of		
-	Month/Day/Year)	Execution D	ate, if	Transactio	-		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day	/Year)	Code (Instr. 8)	Dispose (Instr. 3.	d of (D) 4 and 5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(· · · · · · · · · · · · · · · · · · ·	,	((Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
				Code v	Amount	(D) Plice					
Reminder: Repo	rt on a separate line	e for each clas	s of sec	urities bene	-	-	-				
							spond to the colle tained in this forn		SEC 1474		
							ond unless the fo		(9-02)		
					disp	lays a curre	ntly valid OMB co				
					num	ber.					

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 Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		(Instr. 5)

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	Derivative Security				Secu Acqu (A) o Disp of (E (Inst 4, an	or osed D) r. 3,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Credits	\$ 0	01/09/2007	А		64 (1)		(2)	(2)	Common Stock	64	\$ 0
Share Credits	\$ 0	01/10/2007	А		97 (1)		(2)	(2)	Common Stock	97	\$ 0

Reporting Owners

Reporting Owner Name / Addr	Relationships								
	Director	10% Owner	Officer	Other					
JOYCE WILLIAM H ONE CVS DRIVE WOONSOCKET, RI 02895	X								
Signatures									
William H Joyce	01/11/2007								
**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 share credits acquired as deferred annual grant, semi-annual compensation and/or meeting fees all at market price pursuant to the 1997 Incentive Compensation Plan.
- (2) Consists of Deferred Stock Compensation payable pursuant to Insider's election.

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