Moriarty Thomas M Form 4 April 03, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

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SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Moriarty Thomas M Issuer Symbol CVS HEALTH Corp [CVS] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X_ Officer (give title ONE CVS DRIVE 04/01/2019 below) EVP & General Counsel (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

WOONSOCKET, RI 02895

(City)	(State) (Z	Zip) Table	I - Non-D	erivative S	Securi	ties Acqu	ired, Disposed of	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	0	ispose	osed of (D) and 5) A) or	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	04/01/2019		F	4,837 (1)	D	\$ 54.19	43,287.0221	D	
Common Stock (restricted)							24,452	D	
Stock Unit							42,631.5037	D	

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

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Person

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour Number Shares
Stock Option	\$ 54.19	04/01/2019		A	202,007		04/01/2020(2)	04/01/2029	Common Stock	202,0
Stock Option	\$ 74.29						04/01/2015(3)	04/01/2021	Common Stock	62,9
Stock Option	\$ 102.26						04/01/2016(4)	04/01/2022	Common Stock	51,3
Stock Option	\$ 104.82						04/01/2017(5)	04/01/2023	Common Stock	71,6
Stock Option	\$ 78.05						04/03/2018(6)	04/03/2024	Common Stock	125,2
Stock Option	\$ 62.21						04/01/2019(7)	04/01/2025	Common Stock	145,9

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Moriarty Thomas M ONE CVS DRIVE

EVP & General Counsel

WOONSOCKET, RI 02895

Signatures

/s/ Thomas M. 04/03/2019 Moriarty

**Signature of Reporting Date

Person

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 upon the vesting of a stock award under an incentive compensation plan.

(2) Option becomes exercisable in four equal annual installments, commencing 4/1/2020.

Reporting Owners 2

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- (3) Option became exercisable in four equal annual installments, commencing 4/1/2015.
- (4) Option became exercisable in four equal annual installments, commencing 4/1/2016.
- (5) Option became exercisable in four equal annual installments, commencing 4/1/2017.
- (6) Option became exercisable in four equal annual installments, commencing 4/3/2018.
- (7) Option became exercisable in four equal annual installments, commencing 4/1/2019.

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.