CDW Corp Form 3

FORN	I 3 ^{UNI} Fil	INITIAL S ed pursuant on 17(a) of	TATEMENT O	gton, D DF BEN CCURI O of the S Y Holdin	D.C. 20549 EFICIAL (FIES Securities Ex ng Company	DWNERSH Act of 193	HIP OF et of 19:	34,	OMB AI OMB Number: Expires: Estimated a burden hou response	average rs per	0104
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Swedish Joseph			Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Syn CDW Corp [CDW]				bol		
(Last)	(First)	(Middle)	08/11/2015					Amendment, Date Original (Month/Day/Year)			
C/O ANTH MONUME						all applicable		I neu(iv	Ionui/Day/Ter	1)	
	(Street)				X Director Officer (give title below	Othe	er	Filing(vidual or Join Check Applica rm filed by On	ble Line)	g
INDIANAP	OLIS, IN	NÂ 46204			-			Person For	m filed by Mo		-
(City)	(State)	(Zip)	Tal	ole I - N	lon-Derivat	ive Securit	ies Ben	neficia	lly Owned	1	
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		lature of Indirect Beneficial nership tr. 5)			
Reminder: Rep owned directly			ch class of securities	s benefici	ally S	EC 1473 (7-02	2)				
	inforr requi	nation conta red to respo	bond to the collect nined in this form nd unless the for MB control numbe	are not m displa							
1	fable II - De	rivative Secu	rities Beneficially O	wned (e.	g., puts, calls,	warrants, op	tions, co	nvertil	ole securities	.)	
1. Title of Der (Instr. 4)	vative Secur	Expir	te Exercisable and ration Date Day/Year)	Securiti	and Amount of es Underlying	4. Conversi or Exerci		/nershij rm of	Beneficia	e of Indire al Owners	

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative

Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Swedish Joseph C/O ANTHEM, INC. 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	ÂX	Â	Â	Â					
Signatures									
/s/ James S. Rowe, under Power Attorney	08/12/2015								
**Signature of Reporting Person	Date								
Explanation of Responses:									

No securities are beneficially owned

* 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).

Â **Remarks:** Exhibit List: Exhibit 24 - Power of Attorney

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.