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HOLT TIM Form 4	ΙΟΤΗΥ Α											
January 05,												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AP OMB Number:	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement of Changes in 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							Expires: January 3 200 Estimated average burden hours per response 0					
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> HOLT TIMOTHY A			21 Issuer France and Frener of Frauing					8	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 151 FARM						- - t	Director 10% Owner _X Officer (give title Other (specify elow) below) Sr. VP & Chief Investment Off.					
HARTFO	(Street) RD, CT 06156			endment, onth/Day/Y		Origina	al		5. Individual or Joi Applicable Line) X_ Form filed by Ou Form filed by Mo Person	ne Reporting Per	son	
(City)	(State)	(Zip)	Tal	ole I - Noi	n-Der	ivative	Secu		ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed			tiorDis (In)	Securiti sposed str. 3, 4	of (D)		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	01/03/2005			M		5,168	A A	\$ 24.188	5 0	D		
Common Stock	01/03/2005			М	1,(052	А	\$ 26.15	0	D		
Common Stock	01/03/2005			S <u>(1)</u>	26	5,220	D	\$ 123.1143	3 22,848	D		
Common Stock									1,607.499	I <u>(2)</u>	401(K) Plan	

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

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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 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. Transactic Code (Instr. 8)	orDeri Secu Acq or D (D)	urities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option	\$ 24.1885	01/03/2005		D		25,168	10/29/2000	10/29/2009	Common Stock	25,168
Employee Stock Option	\$ 26.15	01/03/2005		D		1,052	06/18/2002	06/18/2011	Common Stock	1,052

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOLT TIMOTHY A 151 FARMINGTON AVENUE HARTFORD, CT 06156			Sr. VP & Chief Investment Off.				
Signatures							
Timothy A. Holt by Paige L. Fala Attorney-in-Fact	ISCO,		01/05/2005				
<u>**</u> Signature of Reporting Per	rson		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) The sales reported were effected pursuant to a 10b-5 trading plan adopted by the reporting person.
- (2) Represents pro rata portion of the stock portion of Aetna Common Stock Fund held by reporting person on December 31, 2004 pursuant to the Aetna Incentive Savings Plan. The information is based on information provided by the Plan Trustee as of that date.

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.