## Edgar Filing: AETNA INC /PA/ - Form 4

AETNA INC /F	PA/										
Form 4	005										
February 16, 20									PROVAL		
<b>FORM</b> Check this b		FIES ANI ington, D		OMMISSION	OMB Number:	3235-0287					
if no longer subject to Section 16. Form 4 or Form 5 obligations may continu- <i>See</i> Instructi 1(b).	<b>STATE</b> Filed p e. Section 1	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 31 2009       Estimated average       burden hours per       response     0.9		
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> GREENWALD GERALD			2. Issuer Name <b>and</b> Ticker or Trading Symbol AETNA INC /PA/ [AET]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check				c all applicable)				
GREENBRIAI GROUP, 220 V STREET	-	N	(Month/Day 02/14/200				X Director Officer (give below)		Owner er (specify		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
ASPEN, CO 8	1611						Form filed by M Person				
(City)	(State)	(Zip)	Table I	- Non-Deri	vative Se	curities Acqu	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
COMMON SHARES							1,000	D			

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

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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units	<u>(1)</u>	02/14/2005		Ι		11,252.288	(2)(3)	(2)(3)	Common Stock	11,252.2

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
GREENWALD GERALD GREENBRIAR EQUITY GROUP 220 WEST MAIN STREET ASPEN, CO 81611	Х			
Signatures				

GERALD GREENWALD, BY PAIGE L. FALASCO, ATTORNEY IN FACT <u>\*\*</u>Signature of Reporting Person 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) UNITS CONVERT TO COMMON STOCK ON A ONE FOR ONE BASIS.

VALUE OF UNITS ACCRUED TRANSFERRED TO A DEFERRED INTEREST ACCOUNT PURSUANT TO THE AETNA INC.
(2) NON-EMPLOYEE DIRECTOR COMPENSATION PLAN (THE "PLAN") IN A DISCRETIONARY TRANSACTION IN ACCORDANCE WITH RULE 16b-3(f).

UNITS ACCRUED UNDER THE AETNA INC. NON-EMPLOYEE DIRECTOR COMPENSATION PLAN (THE "PLAN")

(3) PURSUANT TO DEFERRAL OF DIRECTOR'S FEES. SUBJECT TO TERMS OF PLAN, UNITS MAY BE SETTLED IN AETNA COMMON STOCK, IN CASH OR A COMBINATION OF BOTH UPON REPORTING PERSON'S RETIREMENT.

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.