## Edgar Filing: FARAH ROGER N - Form 4

FARAH ROGER N Form 4	N								
Form 4 April 02, 2018 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Hold Definition Set 10 Section 16. Form 4 or Form 5 obligations Mage Check this box if no longer subject to Section 16. Form 5 obligations Mage Check this box if no longer subject to Section 16. Form 5 obligations Mage Check this box if no longer 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						OMB Number: Expires: Estimated a burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type Response	es)								
1. Name and Address of FARAH ROGER	Symbol	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 Ea(Month/Day/(Month/Day/215 BYRAM SHORE ROAD03/29/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Month			ment, Date Original Day/Year)		<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
GREENWICH, CT					Person		-r8		
· • / · · ·	ate) (Zip)		- Non-Derivative				-		
	any	tion Date, if 7 ( h/Day/Year) (	<ol> <li>4. Secur FransactionAcquired Code Disposed (Instr. 8) (Instr. 3, Code V Amount</li> </ol>	(A) or d of (D) 4 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					3,000	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. Transactic Code (Instr. 8)	5. Number of iorDerivative 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>	(2)	03/29/2018		А	196.7456		<u>(1)</u>	<u>(1)</u>	Common Stock	196.7456

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
FARAH ROGER N 215 BYRAM SHORE ROAD GREENWICH, CT 06830	Х						
Signatures							
ROGER N. FARAH, by Edwar Attorney-in-Fact	rd C. Lee,			04/02/2018			
<u>**</u> Signature of Reporting	ng 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).
- Units accrued under the Aetna Inc. Non-employee Director Compensation Plan (the "Plan") pursuant to the deferral of Director Fees.(1) Subject to the terms of the Plan, units may be settled in Aetna Common Stock, in cash or a combination of both upon the retirement of the Reporting Person.
- (2) Units convert to Common Stock on a one-for-one basis.
- (3) Includes units accrued under the Plan pursuant to reinvestment of dividend equivalents.

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.