Edgar Filing: NEWHOUSE JOSEPH P - Form 4

NEWHOUSE Form 4 April 02, 200											
FORM	OMB APPROVAL										
CURIVE 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287			
Check this if no longe	-r						Expires:	January 31, 2005			
subject to Section 16	51A1EM 5.	NERSHIP OF	Estimated a burden hou	average							
Form 4 or							response	0.5			
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading NEWHOUSE JOSEPH P Symbol AETNA INC /PA/ [AET]					rading	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (M	liddle) 3. Date o	f Earliest Trans	action		(Check all applicable)					
HARVARD LONGWOO		(Month/Day/Year) 03/30/2007			X_ Director10% Owner Officer (give titleOther (specify below)below)						
(Street) 4. If Amend			endment, Date (dment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) BOSTON, MA 02115						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
	IA 02115					Person					
(City)	(State) ((Zip) Tab	le I - Non-Deri	vative Se	ecurities Ac	quired, Disposed o	f, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		TransactionA Code D	Disposed of Instr. 3, 4	(A) or 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						2,000	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)

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 Definition 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	Amoun Numbe Shares
PHANTOM STOCK UNITS <u>(1)</u>	<u>(2)</u>	03/30/2007		А	425.325	<u>(1)</u>	<u>(1)</u>	COMMON STOCK	425.3

Edgar Filing: NEWHOUSE JOSEPH P - Form 4

Reporting Owners

 Relationship

 New HOUSE JOSEPH P
 Director
 10% Owner
 Officer
 Other

 NEW HOUSE JOSEPH P
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X
 X

<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).
- UNITS GRANTED UNDER THE AETNA INC. NON-EMPLOYEE DIRECTOR COMPENSATION PLAN (THE "PLAN"). SUBJECT
 (1) TO TERMS OF PLAN, UNITS MAY BE SETTLED IN AETNA COMMON STOCK, IN CASH OR A COMBINATION OF BOTH UPON REPORTING PERSON'S RETIREMENT.

(2) UNITS CONVERT TO COMMON STOCK ON A ONE FOR ONE BASIS

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.