Edgar Filing: CHEMED CORP - Form 4

CHEMED	CORP										
Form 4											
November											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction							Expires: Estimated a burden hou response				
(Print or Type	e Responses)										
1. Name and Address of Reporting Person _ 2. Issu LEE SPENCER S Symbol				uer Name and Ticker or Trading I				5. Relationship of Reporting Person(s) to Issuer			
			CHEM	MED CORP [CHE]				(Check all applicable)			
				e of Earliest Transaction h/Day/Year) /2005				Director 10% Owner X Officer (give title Other (specify below) below) executive vice president			
(Street) 4. If Am			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
CINCINN	ATI, OH 45202		Filed(M	onth/Day/Ye	ear)			Applicable Line) _X_ Form filed by Form filed by Person			
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Seci	urities Ac	quired, Disposed o	of, or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	d Date, if	3.	4. Securi on(A) or D (Instr. 3,	ties A ispose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
capital stock	11/01/2005			S	1,000	D	\$ 48.66	24,263	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
LEE SPENCER S 2500 CHEMED CENTER 255 EAST 5TH STREET CINCINNATI, OH 45202			executive vice president						
Signatures									
Spencer S. Lee	11/02/2005								

<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).

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.