Edgar Filing: MCNAMARA KEVIN J - Form 4

| MCNAMA Form 4 | ARA KEVIN J | | | | | | | | | | | |
|---|--|--------|--|---|---------|-----------|--------|-------------|--|---|-----------|--|
| May 11, 20 | | | | | | | | | | | | |
| FOR | \mathbf{M} 4 UNITED | STATES | SECU | RITH | ES | AND EX | ксн | ANGE | COMMISSION | | PPROVAL | |
| <i></i> | | | | n, D.C. 2 | Number: | 3235-0287 | | | | | | |
| Section 16. | | | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: January 3 200 Estimated average burden hours per | | |
| Form 4 or 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 | | | | | | | | | n | 0.5 | | |
| (Print or Type | e Responses) | | | | | | | | | | | |
| MCNAMARA KEVIN J Symb | | | Symbol | . Issuer Name and Ticker or Trading mbol HEMED CORP [CHE] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | - | - | | (Check all applicable) | | | |
| (Mo | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2005 | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) president and CEO | | | |
| | | | | Amendment, Date Original d(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| CINCINN | ATI, OH 45202 | | | | | | | | Person | Aore than One R | eporting | |
| (City) | (State) | (Zip) | Ta | ble I - N | lon- | Derivativ | e Seci | ırities Ac | quired, Disposed of | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | f Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) r) (Instr. 8) (A) | | | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership7. Nature ofForm: DirectIndirect(D) orBeneficialIndirect (I)Ownership(Instr. 4)(Instr. 4) | | |
| | | | | Code | v | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| capital stock | 05/10/2005 | | | S | | 1,000 | D | \$ 79.8 | 81,296 | D | | |
| capital stock | 05/10/2005 | | | S | | 1,000 | D | \$ 79.6 | 80,296 | D | | |
| capital stock | 05/10/2005 | | | S | | 1,000 | D | \$ 80 | 79,296 | D | | |
| capital stock | 05/10/2005 | | | S | | 1,000 | D | \$ 80.05 | 78,296 | D | | |
| capital stock | 05/10/2005 | | | S | | 1,000 | D | \$ 80.15 | 77,296 | D | | |

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| capital | 05/11/2005 | S | 1,000 | D | \$ 80.73 | 76,296 | D |
|---------|------------|---|----------|---|-------------|--------|---|
| stock | | | <i>,</i> | | 80.73 | , | |

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) | 4. Transac Code (Instr. 8 | 5. tionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---------------------------------------|---------------|-----------|-----------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| MCNAMARA KEVIN J | | | | | | | | | |
| 2600 CHEMED CENTER | х | | president | | | | | | |
| 255 EAST 5TH STREET | Λ | | and CEO | | | | | | |
| CINCINNATI, OH 45202 | | | | | | | | | |

Signatures

Kevin J. McNamara 05/11/2005 <u>**</u>Signature of Date Reporting Person

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.