## Edgar Filing: IGNACZAK EDWARD B - Form 4

IGNACZAK	EDWARD B										
Form 4											
March 05, 20	10										
FORM	4									PPROVAL	
	UNITEI	D STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no longe subject to	STATE	EMENT O	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
Section 16	<b>.</b>	SECUR	SECURITIES				burden hours per				
Form 4 or									response	•	
Form 5 obligation	~ <b>*</b>			. ,			•	ge Act of 1934,			
may conti				•	•	- ·		of 1935 or Sectio	n		
See Instru 1(b).		30(h)	of the Inv	vestment	Company	y Act	of 19	40			
(Print or Type R	esponses)										
1. Name and Ad	dress of Reportin	ng Person *	2. Issuer	Name and	Ticker or 7	Fradin	g	5. Relationship of	f Reporting Per	son(s) to	
IGNACZAK EDWARD B Symbol								Issuer			
				PRESS SCRIPTS INC [ESRX]					1 11 1. 1.1	、 、	
			3 Date of	Date of Earliest Transaction				(Check all applicable)			
(Month/D				Month/Day/Year) 3/03/2010				Director	6 Owner		
								Officer (give	er (specify		
INC., ONE H	EXPRESS WA	Y						below) EVP. S	below) Sales & Market	ing	
	(Streat)		4 10 4	1 ( D						-	
				I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
ST. LOUIS,	MO 63121								More than One Ro		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction D			3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Yes		on Date, if		onAcquired			Securities	Form: Direct		
(Instr. 3)		•	any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			•	D) or indirect (I)	Beneficial Ownership	
		(monus	Day(10a) (msu. 6) (msu. 5, 4 and 5)			5)	Following	(Instr. 4) (Instr. 4)			
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/03/2010			А	4,167	А	\$ 0 (1)	36,939	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)

## Edgar Filing: IGNACZAK EDWARD B - Form 4

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 Amou Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sl
Non-Qualified Stock Option (Right-to-Buy)	\$ 98.99	03/03/2010		A	25,691	(2)	02/28/2017	Express Scripts, Inc. Common Stock	25,

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
IGNACZAK EDWARD B C/O EXPRESS SCRIPTS, INC. ONE EXPRESS WAY ST. LOUIS, MO 63121			EVP, Sales & Marketing			
Signatures						

Edward B. Ignaczak <sup>\*\*</sup>Signature of Reporting Person O3/05/2010 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) Grant of Restricted Stock Units pursuant to Express Scripts, Inc. 2000 Long-Term Incentive Plan. Restrictions lapse in three (3) equal installments on February 28, 2011, February 28, 2012 and February 28, 2013.
- (2) Options vest in three (3) equal installments on February 28, 2011, February 28, 2012 and February 28, 2013.
- (3) Employee stock option granted pursuant to Express Scripts, Inc. 2000 Long-Term Incentive Plan.

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.