Edgar Filing: SKINNER SAMUEL K - Form 4

SKINNER S	SAMUEL K										
Form 4											
May 22, 201	12										
FORM	14								OMB AP	PROVAL	
	UNITED	STATES					NGE C	COMMISSION	OMB	3235-0287	
Check th	uis hov		Wa	shington	, D.C. 20	549			Number:		
if no lon	ger					TOTA			Expires:	January 31, 2005	
subject t		MENT OI	F CHAI			ICIA		NERSHIP OF	Estimated a		
Section				SECUI	RITIES				burden hour		
Form 4 o Form 5				16() 64	с ·	· -		A (\$1024	response	0.5	
obligatio	n a *						•	e Act of 1934,			
may con								1935 or Section			
See Instr	ruction	50(II)	of the fi	nvestmen	t Compai	IY AC	1 01 194	Ю			
1(b).											
(Print or Type	Responses)										
	•										
1. Name and Address of Reporting Person [*]			2. Issuer Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to			
SKINNER	SAMUEL K		Symbol				C	Issuer			
			Expres	s Scripts I	Holding (Co. [I	ESRX]				
(Last)	(First) ((Middle)	3 Date of	of Earliest T	ransaction			(Check	all applicable))	
				Day/Year)	runsuetion			X Director	10%	Owner	
C/O EXPRESS SCRIPTS			05/21/2012					Officer (give title Other (specify			
HOLDING	COMPANY, ON	NE						below)	below)		
EXPRESS	WAY										
	(Street)		4. If Am	endment. D	ate Origina	1		6. Individual or Joi	nt/Group Filin	g(Check	
			4. If Amendment, Date Original Filed(Month/Day/Year)					Applicable Line)			
				•				_X_ Form filed by Or			
ST. LOUIS	, MO 63121							Form filed by Mo Person	ore than One Rep	porting	
(City)	(State)	(Zip)									
(eny)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.	4. Securiti				6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)		Date, if	Transactic Code	oror Dispose (Instr. 3, 4			Securities	Ownership Form:	Indirect Beneficial	
(IIIsu. 5)		any (Month/Da	av/Year)	(Instr. 8)	(IIISU: 5, 4	i anu J	')	Beneficially Owned	Direct (D)	Ownership	
		((Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/21/2012			М	16,000	А	\$	- 28,893	D		
Stock							11.842	.5			

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. 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 Amoun Underlying Securit (Instr. 3 and 4)	
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Nun of S
	Non-Qualified Stock Option (Right-to-Buy)	\$ 11.8425	05/21/2012		М	16,000	<u>(1)</u>	05/25/2012	Express Scripts Holding Company Common Stock	16,

Reporting Owners

Reporting Owner Name / AddressDirectorIO% OwnerOfficerOtherSKINNER SAMUEL K
C/O EXPRESS SCRIPTS HOLDING COMPANY
ONE EXPRESS WAY
ST. LOUIS, MO 63121XXVVVVSignatures
Samuel Skinner05/21/2012VVVVVVV

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) Vests in three (3) equal installments of the first three (3) anniversaries of the grant date.
- (2) Employee Stock Option granted pursuant to Express Scripts 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.

Reporting Person