CHEMED CORP Form 4 March 16, 2007

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

NGES IN BENEFICIAL OWNERSHIP OF Expires: January 31, 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue.

See Instruction

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

See Instruction 30(n) of the Investment Compar

1(b).

stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person * WILLIAMS DAVID PATRICK | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship Issuer | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|---|--|--|-----------------|--|------|---|--|--|---|--|--|
| (Last) | (First) | (Middle) 3 | CHEMED CORP [CHE] 3. Date of Earliest Transaction (Month/Day/Year) | | | | (Check all applicable) Director 10% Owner | | | | | |
| | MED CENTER, TH STREET | 255 0 |)3/14/2 | 007 | | | | below) | tive title Other below) e president & CF | | | |
| | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| CINCINN | ATI, OH 45202 | | | | | | | | y More than One R | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-l | Derivative | Secu | rities A | cquired, Disposed | of, or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Deany (Month/Day/ | ate, if | Code (Instr. 8) | 4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5) | 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) | | |
| capital stock | 03/14/2007 | | | Code V P | Amount 5,000 | (D) | Price \$ 46 | 53,997 | D | | | |
| capital | | | | | | | | 1,600 | I | by IRA | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. onNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|------------------|--------------------|----------------|-------------------------------|--------------------|-----------------------------------|-------------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/Year) e s | | Underly Securitie (Instr. 3 | ying les | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Number | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WILLIAMS DAVID PATRICK 2600 CHEMED CENTER 255 EAST FIFTH STREET CINCINNATI, OH 45202

vice president & CFO

Signatures

David P. Williams 03/16/2007

**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.

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