Hernandez Anthony Form 4 November 21, 2011

FORM 4

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

OMB APPROVAL OMB 3235-0287

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to

Number: January 31, Expires: 2005

SECURITIES Section 16. Form 4 or Form 5

Estimated average burden hours per response... 0.5

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

1(b).

value

(Print or Type Responses)

PharMerica CORP [PMC] (Check all applicable) (Month/Day/Year) [Month/Day/Year) [Name and Address of Reporting Hernandez Anthony	g Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner 1901 CAMPUS PLACE 11/17/2011 SVP of Human Resources (Street) 4. If Amendment, Date Original filed(Month/Day/Year)			PharMerica CORP [PMC]					
1901 CAMPUS PLACE 11/17/2011 2X_ Officer (give title Other (specif below) SVP of Human Resources (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting	(Last) (First) ((Middle)	3. Date of Earliest Transaction	(The state of				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting	1901 CAMPUS PLACE		•	X_ Officer (give title Other (specification)				
X Form filed by One Reporting Person Form filed by More than One Reporting	(Street)		4. If Amendment, Date Original 6. Individual or Joint/G					
	LOUISVILLE, KY 40299		Filed(Month/Day/Year)	_X_ Form filed by One Reporting Person Form filed by More than One Reporting				

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transactio	4. Securi on(A) or D (Instr. 3,	ispose	ed of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
()		(Month/Day/Year)	(Instr. 8)	Amount	(A) or	Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, \$0.01 par	11/17/2011		F	1,183	D	\$ 15.33	23,357	D	

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

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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)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)		or Exercise Price of Derivative Security	(Monas Buyi Tour)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Hernandez Anthony 1901 CAMPUS PLACE LOUISVILLE, KY 40299

SVP of Human Resources

Signatures

Berard Tomassetti, Attorney-in-Fact

11/21/2011

**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.

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