PharMerica CORP Form 4 March 13, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading McKay Robert A Symbol 5. Relationship of Reporting Person Issuer	5. Relationship of Reporting Person(s) to Issuer				
PharMerica CORP [PMC] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction)				
1901 CAMPUS PLACE (Month/Day/Year) 03/11/2015 Director10%	er (specify				
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Per					
LOUISVILLE, KY 40299 — Form filed by More than One Rep	porting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 1 Title of 2 Transaction Date 2A Deemed 3 4 Securities Acquired 5 Amount of 6 Ownership	•				

(- 3)	()	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficia								
1.Title of	2. Transaction Date		3. 4. Securities Acquired Transaction(A) or Disposed of (D)		5. Amount of		ship 7. Nature of			
Security	(Month/Day/Year)	Execution Date, if		` ′		` ′	Securities		Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	3)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Monun Day/ 1 car)	(IIISII. 0)				Following	(Instr. 4)	(Instr. 4)	
							Reported	(IIISII. 4)	(IIISu. 4)	
				(A)		Transaction(s)				
					or		(Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(msu: 5 und 1)			
Common										
Stock,	00/11/10015		-	0.25	_	\$	65.005	-		
\$0.01 par	03/11/2015		F	837	D	26.22	65,885	D		
value						20.22				
varuc										

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: PharMerica CORP - Form 4

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	*	Title Numbe of	Number		
						LACICISAUIC			of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

McKay Robert A 1901 CAMPUS PLACE LOUISVILLE, KY 40299

SVP Purchasing, Trade Relations

Signatures

Berard Tomassetti,

Attorney-in-Fact 03/13/2015

**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.

Reporting Owners 2