$\square$ 

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	JVAL
OMB Number:	3235-0287
Estimated average burd	len
hours per response:	0.5

1. Name and Address of Reporting Person* WILLIAMS DAVID PATRICK			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CHEMED CORP</u> [ CHE ]		ationship of Reporting Pe k all applicable) Director	10% Owner
				X	Officer (give title	Other (specify below)
(Last)	ast) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)		below)	,
2600 CHEME	DCENTER		02/21/2014		executive vice pres	sident & CFO
	-					
255 EAST FI	FTH STREET					
			4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Fili	ng (Check Applicable
(Street)				Line)		
CINCINNAT	ЮН	45202		X	Form filed by One Re	eporting Person
		43202			Form filed by More th Person	an One Reporting
(City)	(State)	(Zip)				

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any '	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
capital stock								39,589	D	
capital stock								1,600	Ι	by IRA

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

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)		Transaction of Code (Instr. Derivative		tive ties red sed 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
performance stock units	(1)	02/21/2014		A		1,447		(2)	(2)	capital stock	1,447	\$0.00	4,771	D	
performance stock units	(1)	02/21/2014		Α		1,064		(3)	(3)	capital stock	1,064	\$0.00	5,835	D	

#### Explanation of Responses:

1. each performance stock unit represents a contingent right to receive one share of Chemed capital stock

2. The restricted stock units vest based on the extent to which the Company achieves certain Earnings per Share performance targets over a performance period of January 1, 2014 through December 31, 2016, with the determination of such performance level to be made no later than March 15, 2017 and earned shares of Capital Stock to be delivered thereafter.

3. The restricted stock units vest based on the extent to which the Company achieves certain Total Shareholder Return performance targets over a performance period of January 1, 2014 through December 31, 2016, with the determination of such performance level to be made no later than March 15, 2017 and earned shares of Capital Stock to be delivered thereafter

#### **Remarks:**

David P. Williams

02/24/2014

\*\* Signature of Reporting Person Date

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

\* 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.

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 Number.