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(City)

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). |

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response. | 05 | | | | | | | | | |

| | | | or Section 30(h) of the Investment Company Act of 1940 | | <u>.</u> | | | |
|----------------------|---------------------------------------|----------|--|------------------------|---|---------------------------------------|--|--|
| 1 | Address of Reporting F E TIMOTHY S | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>CHEMED CORP</u> [CHE] | | 5. Relationship of Reporting Person(s) (Check all applicable) X Director 10 | | | |
| | (First) MED CENTER 5TH STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2007 | X | Officer (give title below) executive vice | Other (specify below) president | | |
| (Street) CINCINNA | ATI OH | 45202 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership 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) | | |
| capital stock | 02/27/2007 | | М | | 20,000 | Α | \$38.13 | 73,979 | D | |
| capital stock | 02/27/2007 | | F ⁽¹⁾ | | 17,379 | D | \$46.39 | 56,600 | D | |

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) | 4. Transa Code (8) | | of Deri Sec Acq (A) (Disp of (I | umber vative urities uired or oosed O) (Instr. and 5) | Expiration Date (Month/Day/Year) ed str. | | ation Date Amount of | | 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 | | | | |
| stock option(right to buy with tandem tax withholding) | \$38.13 | 02/27/2007 | | М | | | 20,000 | 09/11/2005 | 03/11/2015 | capital stock | 20,000 | \$38.13 | 26,250 | D | |

Explanation of Responses:

1. Payment of purchase price and tax obligation on stock option exercise.

Remarks:

Timothy S. O'Toole

02/28/2007

Date

** Signature of Reporting Person

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.