FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APP	ROVAL
OMB Number:	3235-028
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 or Section 30(h) of the Investment Company Act of 1940

					or Se	ection	30(h) of	the I	nvestmen	it Con	npany Act o	f 1940								
	Address of R	Reporting Person*	•				2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 1270 AVE SUITE 19		t) (M	fiddle)		3. Date of Earliest Transaction (Month/Day/Year) 11/08/2013								X Officer (give title Other (sp below) below) vice president					ecify		
(Street) NEW YO! (City)	RK NY		0020 ip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Table	l - Nor	n-Deriva	ative :	Secu	ırities	Acc	uired.	Dis	posed of	or B	enefici	iallv	Owne					
1. Title of Security (Instr. 3)		2. Transa Date	2. Transaction		2A. Deemed Execution Date,		3. 4. Secur Transaction Dispose Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t of ct Be Ov	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount (A)		or Pric	e	Reported Transaction(s (Instr. 3 and 4			(in	(Instr. 4)			
capital stoc	pital stock											31,102		D						
capital stoc	ck											3,026		I	by sp	y oouse				
capital stoc	:k													6,	,058	I	by	y son		
capital stoc	tal stock										6,070		I	by da	y aughter					
capital stock														5,900		by	y son			
		Та									sed of, o				wned					
1. Title of Derivative Security (Instr. 3)	f 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) ((Instr. 3, 4 and 5)			sable and 7. Title and e Amount of		and t of ies ying ive	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Inst	ship o (D) C rect (1	11. Nature of Indirect Beneficial Ownershi (Instr. 4)						
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amoun or Numbe of Shares	er						
stock option(right to buy with tandem tax withholding)	\$70.3	11/08/2013			A		4,439		(1)		11/08/2023	capital stock	4,439) :	\$70.3	36,939	D			
performance stock units	(2)	11/08/2013			A		832		(3)		(3)	capital stock	832		\$0.00	832	D			

Explanation of Responses:

- 1. Vesting in three equal annual installments commencing 11/8/2014.
- 2. each performance stock unit represents a contingent right to receive one share of Chemed capital stock
- 3. performance stock units vest based on the extent to which the Company achieves certain performance targets over a performance period of January 1, 2013-December 31, 2015. The determination of the performance level is to be made by March 15, 2016 and earned shares to be delivered thereafter

Remarks:

Thomas C. Hutton 11/11/2013

** 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.