FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROV			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3		
OTATEMENT OF OTTATIONAL CHILDREN				

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
HUTTON THOMAS C						CHEMED CORP [CHE]								X	,			10% Ov	vner		
(Last)	(Firs	·t) (1	1iddle)		3. Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title Other (stellar) below)			specify				
l ' '	FELLER P	,	ildule)			3/200		n mansa	iction (iv	101111111	Day/ Teal)			vice president							
SUITE 27																					
-					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	RK NY	11	0020											Line) X Form filed by One Reporting Person							
NEW 10	KK NI													Form filed by More than One Reporting							
(City)	(Sta	te) (Z	ip)												Persor	l					
		Table	e I - No	n-Deriv	ative	Secu	ıritie	s Acq	uired,	Dis	posed of,	or Be	neficia	ally O	wned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A)			or 5. Amou 4 and Securitie Benefici Owned F		es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code V		Amount (A) or (D)		Price	T	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
capital stoc	ck			05/26	/2005	\top			G		200	D	\$42	.63	36,	200	I	D			
capital stock 06		06/03	06/03/2005				М		20,000	A	\$19	.38	38 56,200		200 D						
capital stock		06/03/2005					F ⁽¹⁾		12,779	D	\$42	.63	63 43,421		D						
capital stock													3,0)26		1 1	by spouse				
capital stock														6,0)58		I 1	by son			
capital stock														6,0	070			by daughter			
capital stock															5,9	900		I 1	by son		
		Та	ble II -								osed of, o				ned						
1. Title of		2 Transaction	2A Dee			alis,			•		onvertibl			_	rice of	9. Number	r of 1	10	11. Nature		
Derivative Security (Instr. 3)	2. Conversion Date (Month/Day/Year) Price of Derivative Security S			vative urities uired or oosed o) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Securities Underlying Derivative Security (Instand 4)					8. Price of Derivative Security (Instr. 5)		derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		of Indirect Beneficial Ownership (Instr. 4)						
													Amoun or								
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Numbe of Shares								
stock option(right to buy with tandem tax withholding)	\$19.38	06/03/2005			M			20,000	11/20/	1996	05/20/2006	capital stock	20,000	0 \$1	9.38	59,000 ⁰	(2)	D			

Explanation of Responses:

- ${\bf 1.}$ Payment of purchase price and tax obligation on stock option exercise.
- 2. Chemed capital stock split 2 for 1 share on May 11, 2005

Remarks:

Thomas C. Hutton

06/08/2005

** 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.