FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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

| 1. Name and Address of Reporting Person* RICE THOMAS P 2. Date of Event Requiring Statement (Month/Day/Year) 05/29/2009 | | | nent | 3. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE] | | | | | | | |
|---|------------------|----------|---------------------|---|---|----------------------------|---|---|---|-------------------------------|--|
| (Last) 2600 CHEME | (First) D CENTER | (Middle) | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | |
| 255 EAST FIFTH STREET | | | | | | Officer (give title below) | Other (specify below) | | Individual or Joint/Group Filing (Check Applicable Line) | | |
| (Street) CINCINNATI OH 45202 | | 45202 | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| capital stock | | | | | | 1,000 | D | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year) | | | ate | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Conve | | ercise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiration Date | n Title | e | Amount or Number of Shares | Deriva Securi | tive | or Indirect (I) (Instr. 5) | |

Explanation of Responses:

Remarks:

Thomas P. Rice

06/02/2009

** 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 5 (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.