FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
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).

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

1. Name and Address of Reporting Person* MCNAMARA KEVIN J			2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MCNAN	<u>MARA K</u>	<u>EVIN J</u>			-			<u> </u>	_ [011	_ ,				X	Directo	or		10% Ov	vner
					-								_	X	Officer below)	(give title		Other (s	specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/26/2015									below)	presiden	t and	,		
	MED CEN				10/2	o, = 0										presiden	t dild	CLO	
255 EAST	5TH STRI	EET											-						
(Street)					4. If A	Ameno	dment	, Date of	Origina	al Filed	d (Month/Day/	Year)		. Indiv ine)	/idual or .	Joint/Group	Filing	g (Check Ap	plicable
CINCINN	ATI OH	[4	5202											X	Form f	iled by One	e Repo	orting Perso	n
,															Form f Persor		re thar	n One Repo	rting
(City)	(Sta	te) (2	Zip)												Persor	1			
		Tabl	e I - No	n-Deriv	ative :	Seci	uritie	s Aco	uired	. Dis	posed of,	or Be	neficia	ally	Owned	1			
1. Title of Se	curity (Instr.			2. Transac		_	Deem		3.	, -	4. Securities				5. Amou		6. Ov	vnership	7. Nature
			Date (Month/Day/Yea		Execution (ear) if any		ion Date, /Day/Year)	Transaction Code (Instr. 8)				r. 3, 4 and	d 5)	Securities Beneficially Owned Following Reported		Form: Direction (D) or Indirection (I) (Instr. 4)	r Indirect str. 4)	of Indirect Beneficial Dwnership Instr. 4)	
						Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	ion(s)			(111501. 4)			
capital stock			10/26/	/26/2015				S		8,000	D	\$149	.04 160		,022		D		
capital stock			10/26/	2015				M		30,000	A	\$65.	17	190	,022		D		
capital stock			10/26/	26/2015				F ⁽¹⁾		20,756	D	\$149	.78	169	,266		D		
capital stock			10/26/	10/26/2015				M		15,000	A	\$67.	'.96 184		4,266		D		
capital stock 1			10/26/	5/2015				F ⁽¹⁾		10,530	D	\$149	149.78 173		3,736		D		
		T	able II ·								osed of, o				wned				
		1	1			aiis,	_		· ·		convertibl			_					1
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date urity or Exercise (Month/Day/Year)		if any	emed on Date, /Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						
stock option(right to buy with tandem tax withholding)	\$65.17	10/26/2015			М			30,000	(2	?)	02/18/2021	capital stock	30,000	0	\$65.17	297,49)9	D	
stock option(right to buy with tandem tax withholding)	\$67.96	10/26/2015			М			15,000	(3	3)	05/21/2017	capital stock	15,000	0	\$67.96	282,49	99	D	

Explanation of Responses:

- 1. Payment of tax obligation on stock option exercise.
- 2. vesting in three equal annual installments commencing 02/18/2012.
- 3. exercisable in three equal annual installments commencing 5/21/2008.

Remarks:

Kevin J. McNamara

10/27/2015

** 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.