## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 20549
vvasimigtori,	D.O. 200-10

gton, D.C. 20549	OMB APPROVAL

	OMB Number:	3235-0287							
Estimated average burden									
	houre per recognese:	0.5							

## 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

					or S	ection	1 30(h)	of the	Investmen	t Con	npany Act of	1940						
1. Name and Address of Reporting Person*  OTOOLE TIMOTHY S  (Last) (First) (Middle)  2600 CHEMED CENTER  255 EAST 5TH STREET									ker or Trac P [ CHE		Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
						ate of .3/20		Trans	saction (M	onth/I	Day/Year)		X Officer below)	Other (s below) president	· · · · · · · · · · · · · · · · · · ·			
(Street) CINCINNATI OH 45202					Amen 4/20		Date o	of Original	Filed	(Month/Day		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(Sta	te) (Z	ip)									Person						
		Table	oM - I	າ-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed of,	or Be	neficia	ally Owned	k			
			Date	ansaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr. 8)  Disposed Of 5)		(A) or		nd Securition Benefici Owned I Reporte	es ally Following d	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						+			Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount	(D)	Price	(Instr. 3	(Instr. 3 and 4)			
capital sto	ck										<u> </u>				,644		D	
		Та									osed of, convertible			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Execution if any (Month/D	ned on Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
stock option(right to buy with tandem tax withholding)	\$38.75								11/20/19	996	05/03/2006	capital stock	14,000	)	14,000	0	D	
stock option (right to buy with tandem tax witholding)	\$35.94								11/19/19	997	05/19/2007	capital stock	11,500		11,500	0	D	
stock option (right to buy with tandem tax witholding)	\$39.13								09/04/19	998	03/04/2008	capital stock	10,500		10,50	0	D	
stock option (right to buy with tandem tax witholding)	\$32.19								11/17/19	999	05/17/2009	capital stock	20,500	)	20,50	0	D	
stock option (right to buy with tandem tax witholding)	\$36.9								11/20/200	)2 <sup>(1)</sup>	05/20/2012	capital stock	20,000	)	20,000	0	D	
stock option (right to buy with tandem tax witholding)	\$35.85								11/19/200	)3 <sup>(2)</sup>	05/19/2013	capital stock	20,000	)	20,000	0	D	
stock option (right to buy with tandem tax	\$43.55								11/17/200	)4 <sup>(3)</sup>	05/17/2014	capital stock	45,000		45,000	0	D	

## **Explanation of Responses:**

- 1. exercisable in four equal annual installments commencing 11/20/2002
- $2.\ exercisable\ in\ four\ equal\ annual\ installments\ commencing\ 11/19/2003$
- 3. exercisable in full 11/17/2004

Remarks:

timothy s o'toole

09/27/2004

\*\* 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.