FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | JVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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hours per response:

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

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* <u>GEMUNDER JOEL F</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE] | | | | | | | | | Check all | | | Person(s) to Issuer 10% Owner | |
|--|---|----|--|--|-------|---|------|--|------------------|--|--|-------------|---|----------------------------------|--|---|---|---|--|
| (Last) (First) (Middle) 2600 CHEMED CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2010 | | | | | | | | | | Officer (give title selow) | | Other below | (specify) |
| 255 EAST 5TH STREET (Street) CINCINNATI OH 45202 | | | | | 4. If | 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 | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | 2A. Deemed Execution Date, | | 3. 4. Securiti Transaction Code (Instr. 5) | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | or 5. Am 1 and Secur Benef | | y | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | Tra | nsaction str. 3 and | | | (111511.4) | |
| capital stock 05/17/ | | | | | | | 2010 | | A ⁽¹⁾ | | 1,072 | | A | \$55 | .98 | 16,54 | 48 | D | |
| capital stock | | | | | | | | | | | | | | | | 6,95 | 52 | I | by trustee |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ed | | | , |
| 1. Title of Derivative Security (Instr. 3) | e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | ve deri Sed Ber Owi Foll Rep Trai | Number of rivative curities neficially med llowing ported unsaction(str. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V | | (D) | | | Expiration Date | Title | or | ount mber ıres | | | | | |

Explanation of Responses:

1. award of stock

Remarks:

Joel F. Gemunder

05/18/2010

** 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.