FORM 5

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

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| Vashington, | D C | 20540 |
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 1.0 | | | | | | | | |

Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Form 4 | Transactions | Reported. | | or Section 3 | | | | | | | | | | | | | |
|--|--------------|-----------|---|---|--|---|--------|--|----------|----------------------------|--|--------------------------------------|---|---|---------------------|---|---------------------------------------|
| 1. Name and Address of Reporting Person* LEE SPENCER S | | | | 2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE] | | | | | | | (Ch | Relationship eck all app Direc | licable) | Ü | 10% | Owner (specify | |
| (Last) (First) (Middle) 2500 CHEMED CENTER 255 EAST 5TH STREET | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020 | | | | | | | r) | below) executive vice president | | | | | |
| (Street) | NATI OI | H 4 | 45202 | 4. If Amendi | ment, I | Date of | f Orig | ginal File | d (Month | /Day/Ye | ear) | Line | e) <mark>X</mark> Form | filed by C | ne Re | porting Pe | |
| (City) | | | | | | | | | | | | | | | | | |
| | | Table | e I - Non-Deriva | ative Secur | ities | Acq | uire | d, Dis | posed | of, o | r Ben | neficia | Ily Own | ed | | | |
| 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 Disposit (D) (Instr. 3, 4 and 5) | | | isposed | 5. Amou Securitie Benefici | ies Own | | rship : Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Month/Day/Te | ai) 6 | ·) | | Amoun | t | (A) or (D) | Price |) | Issuer's | | Indire (Instr | ect (I) | (Instr. 4) |
| capital stock 12/29/2020 | | | G | | | 1 | 0 | D | \$ | 0.00 | 25,928 | | | D | | | |
| | | Та | ıble II - Derivat (e.g., pı | ive Securit uts, calls, v | | | | | | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Date | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired Or (D) (Instr. 3, 4 and 5) | | Expi | ite Exercisable and ration Date ith/Day/Year) | | An Se Un De Se | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficia Ownersh ct (Instr. 4) |
| | | | | | l l | | | Evniration | | or Nu | mber | | | | | | |

Explanation of Responses:

Remarks:

Spencer S. Lee

02/03/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).