FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burd	en								
l	hours per response:	0.5								

	Check this box if no longer subject to							
$\neg$	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 Section 30(h) of the Investment Company Act of 1940

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1. Name and		2. Issuer Name <b>and</b> Ticker or Trading Symbol CHEMED CORP [ CHE ]									nip of Reportin oplicable) ector	ig Person(s) to I	Ssuer					
9										v Offi	cer (give title		(specify					
(Last)		3. Date of Earliest Transaction (Month/Day/Year)								bei	,	below	´					
2600 CHE	02/1	02/19/2015								<b>\</b>	ice presider	nt & controlle	r					
255 EAST																		
		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person				
CINCINNATI OH 45202															Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	ip)															
		Table	l - No	n-Deriv	ative	Secu	ıritie	s Acc	quired,	Dis	posed o	f, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)			es Acqui Of (D) (In	red (A) or str. 3, 4 an	d 5) Secu Bene Own	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Price		rted saction(s) : 3 and 4)		(Instr. 4)	
capital stoo	2015	2015			F <sup>(1)</sup>		1,364 D \$		\$113	3.63	6,918	D						
		Tal									osed of, onvertib			y Owne	ı			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable Expiration Date (Month/Day/Year)		te	e and 7. Title and Amount of Securities Underlying Derivative Security (Inst		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
performance stock units	(2)	02/20/2015			A		552		(3)		(3)	capital stock	552	\$0.00	3,470	D		
performance stock units	(2)	02/20/2015			A		552		(4)		(4)	capital stock	552	\$0.00	4,022	D		

## Explanation of Responses:

- 1. stock award tax obligation
- 2. each performance stock unit represents a contingent right to receive one share of Chemed capital stock
- 3. The restricted stock units vest based on the extent to which the Company achieves certain Earnings per Share performance targets over a performance period of January 1, 2015 through December 31, 2017 with the determination of such performance level to be made no later than March 15, 2018 and earned shares of Capital Stock to be delivered thereafter.
- 4. The restricted stock units vest based on the extent to which the Company achieves certain Total Shareholder Return performance targets over a performance period of January 1, 2015 through December 31, 2017 with the determination of such performance level to be made no later than March 15, 2018 and earned shares of Capital Stock to be delivered thereafter.

## Remarks:

Arthur V. Tucker

02/23/2015

\*\* 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.