PharMerica COF Form 5 January 28, 2015										
FORM 5	5				OMB AP	PROVAL				
Check this box no longer subje	UNITE	CD STATES	FES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			3235-0362 January 31,				
to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction	n Al		CATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Expires: Estimated a burden hour response	•					
	Form 4 30(h) of the Investment Company Act of 1940 Transactions									
1. Name and Address of Reporting Person <u>*</u> Caneris Thomas A			2. Issuer Name and Ticker or Trading Symbol PharMerica CORP [PMC]	5. Relationship of Issuer						
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014	Director X Officer (give) Owner r (specify				
1901 CAMPUS PLACE				below) SVP, G	below) C and Secretar	у				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting						
LOUISVILLE,Â	KY 40	299		(check _X_ Form Filed by C Form Filed by M Person						

(City)	(State) (Zip) Table	e I - Non-Deri	vative Securi	ties Acqui	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	C	(D) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.01 par value	02/26/2014	Â	G	182 D	\$ 0	75,520	D	Â

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

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

SEC 2270

(9-02)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. O B O E I S F I S (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Caneris Thomas A 1901 CAMPUS PLACE LOUISVILLE, KY 40299	Â	Â	SVP, GC and Secretary	Â			
Signatures							
Berard Tomassetti, Attorney-in-Fact	01/28	/2015					
Signature of Reporting Person	Da	ate					

Explanation of Responses:

* 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 provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.