

AMERISOURCEBERGEN CORP  
 Form 3  
 November 21, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * ^ Marsh Lawrence (Last) (First) (Middle)			2. Date of Event Requiring Statement (Month/Day/Year) 11/13/2014	3. Issuer Name and Ticker or Trading Symbol AMERISOURCEBERGEN CORP [ABC]	
1300 MORRIS DRIVE (Street)			4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice President		5. If Amendment, Date Original Filed(Month/Day/Year)
CHESTERBROOK, PA 19087 (City) (State) (Zip)			6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	13,350	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title                      Amount or Number of			

				Shares		(I) (Instr. 5)	
Non-qualified Stock Option (Right to Buy)	Â (1)	11/14/2019	Common Stock	11,373	\$ 40.21	D	Â
Non-qualified Stock Option (Right to Buy)	Â (2)	11/13/2020	Common Stock	24,955	\$ 68.49	D	Â
Non-qualified Stock Option (Right to Buy)	Â (3)	11/12/2021	Common Stock	22,877	\$ 88.71	D	Â
Restricted Stock Units	Â (4)	11/12/2021	Common Stock	1,837	\$ (5)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Marsh Lawrence 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	Â	Â	Â Executive Vice President	Â

## Signatures

/s/John G. Chou for Lawrence  
Marsh  
Date: 11/20/2014

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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).

(1) Exercisable in four equal annual installments on 11/14/13, 11/14/14, 11/14/15 and 11/14/16

(2) Exercisable in four equal annual installments on 11/13/14, 11/13/15, 11/13/16 and 11/13/17

(3) Exercisable in four equal annual installments on 11/12/15, 11/12/16, 11/12/17 and 11/12/18

(4) Annual grant of restricted stock units that vests 100% on the third anniversary of the date of grant

(5) Annual grant of restricted stock units received for no consideration and vests 100% on the third anniversary of the date of grant

Note: File three copies of this Form, one of which must be manually signed. If space 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.