#### Edgar Filing: HYLE KATHLEEN W - Form 4

HYLE KATH	ILEEN W										
Form 4											
February 02,	2011										
FORM	Δ									PPROVAL	
	UNITED	STATES		ITIES Al hington, 1			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no longe subject to	STATEN	STATEMENT OF CHANGES IN BENEFICI					LOW	NERSHIP OF		Estimated average 2005	
Section 16		SECURITIES							burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligation	~ <b>^</b>										
may conti	nue. Section 17(		of the Inv	•	•	· ·		f 1935 or Sectio	n		
See Instru- 1(b).	ction	50(II)	of the my	vestment	Company	y Aci	. 01 19	40			
1(0).											
(Print or Type R	esponses)										
1. Name and A	dress of Reporting	Person *	2 Issuer	Name and	Ticker or '	Fradin	a	5. Relationship of	f Reporting Per	son(s) to	
1. Name and Address of Reporting Person *       2. Issuer Name         HYLE KATHLEEN W       Symbol         AMERISOUR       AMERISOUR			Ivanic anu		iraum	g	Issuer				
			-	MERISOURCEBERGEN CORP							
			[ABC]					(Cheo	ck all applicable	e)	
(Last)	(First) (	Middle)	3. Date of	Earliest Tra	nsaction			X Director	10%	6 Owner	
			(Month/Da	ay/Year)				Officer (give below)	e title Oth below)	er (specify	
1300 MORR	IS DRIVE		02/01/20	)11				below)	below)		
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Filin	ng(Check	
Filed(Mont			nth/Day/Year)				Applicable Line)				
CUESTEDD	DOOK DA 100	07						_X_ Form filed by Form filed by M			
CHESTERB	ROOK, PA 190	8/						Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intolial)	Duj, i cui)	(instr. 0)	(msu: 5,	i una	2)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(insur 5 und 1)			
Common Stock	02/01/2011			А	517	А		3,800	D		

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)

# **Reporting Owners**

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	te	7. Title and 2 Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Nonqualified stock option (right to buy)	\$ 0					08/08/1998	08/08/1998	Common Stock	0

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh				
	Director	10% Owner	Officer	Other		
HYLE KATHLEEN W 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	Х					
Signatures						
John G. Chou for Kathleen W. Hyle		02/02/2011				
**Signature of Reporting Person		Date				
Explanation of Responses:						

### 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).
- Quarterly grant of restricted stock received in lieu of retainer for no consideration and vests 100% on the third anniversary of the date of (1) 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.