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

Washington,	D.C.	20549

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.

Form 3	Holdings Rep	orted.															
Form 4	Transactions I	Reported.	File	d pursuant to S or Section 3								1934					
1. Name and Address of Reporting Person* SAUNDERS DONALD E			2. Issuer Name and Ticker or Trading Symbol CHEMED CORP [CHE]							neck all ap	nip of Repo oplicable) ector	rting Pe	. ,	Owner			
(Last)	(Fir	· ·	Middle)										Officer (give title below)			r (specify v)	
(Street)	ΓAS CA	Δ (92024	4. If Amend	ment,	, Date o	of Ori	ginal File	d (Month	Day/Y	rear)	Lin	e) X For For	or Joint/Gr m filed by 0 m filed by N	One Re	porting Pe	
(City)	(St		Zip) • I - Non-Deriva	ative Secu	rities	s Acc	quire	ed, Dis	posed	of, c	or Be	eneficia	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transaction Date		2. Transaction Date	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispo					5. Amo Securi Benefi	. Amount of 6. ecurities Over		ership :: Direct	7. Nature of Indirect Beneficial Ownership	
									(A) or (D)	Pric	ce	Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		(Instr. 4)	
capital stock 12/			12/31/2021		P ⁽¹⁾)	40		A	\$	531.29	9 5,736		D		
		Та	ble II - Derivat (e.g., p	ive Securit uts, calls, v										ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution Date,	4. Transaction Code (Instr. 8)	of Deri Secu Acqu (A) o Disp of (D	f Exp		ate Exercisable and iration Date inth/Day/Year)		Ai Se Ui De Se	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price o Derivative Security (Instr. 5)		re es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi ct (Instr. 4)
					(A)	(D)	Date Exe	e rcisable	Expiration Date		0 N 0	Amount or Number of Shares					

Explanation of Responses:

Shares acquired through Dividend Reinvestment Program

Remarks:

Donald E. Saunders

02/08/2022

** 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).