Edgar Filing: IGNACZAK EDWARD B - Form 4

IGNACZAK	EDWARD B									
Form 4										
February 23,	2006									
FORM	14							OMB AF	PPROVAL	
	■ ■ UNITED	STATES		RITIES A shington,			COMMISSION	OMB Number:	3235-0287	
Check th								Expires:	January 31,	
if no long subject to	if no longer while the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								2005	
Section 1	Section 16. SECURITIES Form 4 or							Estimated a burden hour response		
Form 5										
obligatio	ns Section 17					•	f 1935 or Sectior	1		
may cont <i>See</i> Instru 1(b).	inue.	· /		•	U	y Act of 194				
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> IGNACZAK EDWARD B			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			EXPRESS SCRIPTS INC [ESRX]				(Check all applicable)			
(Last)	(First) ((Middle)		f Earliest Tr	ansaction					
	(Month/Day/Year)				Director 10% Owner Officer (give title Other (specify					
C/O EXPRE	02/21/2006				below) below)					
INC., 13900) RIVERPORT I	JKIVE					SVP of Sale	es and Account	Mgmt	
	(Street)		4. If Ame	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
MARYLAN							_X_ Form filed by O Form filed by M Person			
HEIGHTS,	MO 63043									
(City)	(State)	(Zip)	Tab	e I - Non-D	erivative S	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)		ies Acquired sposed of (D) 4 and 5) (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

Common Stock 02/21/2006

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

D

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.

(Instr. 3 and 4)

40,190 (2)

D

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

Code V Amount (D)

(1)

1,522

or

D

Price

93.05

\$

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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e	. Date Exercisable and expiration Date Month/Day/Year)		le and unt of rlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	√ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
IGNACZAK EDWARD B C/O EXPRESS SCRIPTS, I 13900 RIVERPORT DRIV MARYLAND HEIGHTS, N	E			SVP of Sales and Account Mgmt					
Signatures									
Edward B. Ignaczak	02/23/2006	5							
<u>**</u> Signature of	Date								

<u>**</u>Signature of Reporting Person

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).
- (1) Represents shares tendered to Express Scripts, Inc. to cover Mr. Ignaczak's tax liability due upon lapse of restrictions of restricted stock previously awarded under Express Scripts, Inc. 2000 Long Term Incentive Plan.
- (2) Reporting Person's shares beneficially owned have been adjusted to reflect the stock split on June 24, 2005.

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.