

Reisman Lonny
 Form 3
 November 14, 2008

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

OMB APPROVAL
 OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Reisman Lonny		(Month/Day/Year)	AETNA INC /PA/ [AET]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		11/12/2008		
AETNA INC.,Â 151 FARMINGTON AVENUE			(Check all applicable)	
	(Street)		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			SVP, Chief Medical Officer	
HARTFORD,Â CTÂ 06156			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<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	49,000	D	Â

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)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	--	--	---

Edgar Filing: Reisman Lonny - Form 3

	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Employee Stock Option	Â (1)	05/27/2015	Common Stock 72,000	\$ 39.045 D Â
Restricted Stock Units	Â (2)	06/30/2009	Common Stock 3,006	\$ 0 (3) D Â
Restricted Stock Units	Â (4)	02/09/2010	Common Stock 3,066	\$ 0 (3) D Â
Stock Appreciation Right	Â (5)	06/30/2016	Common Stock 21,314	\$ 39.93 D Â
Stock Appreciation Right	Â (6)	02/09/2017	Common Stock 21,480	\$ 42.57 D Â
Stock Appreciation Right	Â (7)	02/08/2018	Common Stock 27,614	\$ 50.7 D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Reisman Lonny AETNA INC. 151 FARMINGTON AVENUE HARTFORD, CT 06156	Â	Â	Â SVP, Chief Medical Officer	Â

Signatures

Lonny Reisman by Judith H. Jones,
Attorney-in-Fact 11/14/2008

**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) 36,000 options currently exercisable. Remaining 36,000 options are exercisable on December 31, 2008.
- (2) Vests on June 30, 2009.
- (3) Each Restricted Stock Unit represents a right to receive one share of Aetna Inc. Common Stock net of taxes.
- (4) Vests in two annual installments beginning February 9, 2009.
- (5) Exercisable in three equal annual installments beginning June 30, 2007.
- (6) Exercisable in three annual installments beginning February 9, 2008.
- (7) Exercisable in three annual installments beginning February 8, 2009.

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.