FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* RYAN THOMAS M				2. Issuer Name and Ticker or Trading Symbol BANK OF AMERICA CORP /DE/ [BAC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
CVS CORPORATION, ONE CVS DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/18/2005						Office	r (give title belo	ow)	Other (specif	/ below	v)			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
	OCKET, I	(State)	(Zip)															
(City	Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu any	Deemed cution Date, if	Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following Transaction(s)		Ownership of Form:		7. Nature of Indirect Beneficial		
				(Month/Day/Year)		ear)		ode	V	Amour	(A) or	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D or Indirec (I) (Instr. 4)	ndirect (Instr. 4)	
Common	Stock		05/18/2005					P		1,000	Δ	\$ 46.6	4,260			D		
			Table II - 1					1 quire	the fo	orm dis	splays a of, or Ben	curre eficia	ently valid	OMB conf	spond unle trol numbe			
1 77'41 . C	l _a	2 75 4									tible secu			0 D : C	0.31 1	C 10		11 37 /
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactior Date (Month/Day/\)	Execution Da Year) any	tte, if Transaction Code Year) (Instr. 8)		on I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	Title and ount of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Deriva Securi Direct or Ind	of tive ty: (D) frect	Beneficial Ownershij (Instr. 4)	
					Code	V	(A)		Date Exerc	eisable	Expiration Date	n Titl	Amount or Number of Shares					

Reporting Owners

D (O N (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
RYAN THOMAS M CVS CORPORATION ONE CVS DRIVE WOONSOCKET, RI 02895	X					

Signatures

Thomas M. Ryan/Roger C. McClary POA	05/19/2005	
**Signature of Reporting Person	Date	

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).

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.