Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL	HEALTH INC										
Form 4											
November 07	, 2013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							т	MB APPROVAL			
							OMB Number:	3235-0287			
Check this box				D.C. 203	549				January 31,		
if no longe	er STATEM	ENT OF CHAN	IGES IN I	ES IN BENEFICIAL OWNERSHIP OF				Expires:	2005		
subject to Section 16				SECURITIES				Estimated a			
Form 4 or			~					burden hours per response 0			
Form 5	Filed purs	uant to Section 1	6(a) of the	e Securiti	es Ez	xchang	ge Act of 1934,				
obligation may conti) of the Public U						n			
See Instru		30(h) of the Ir	vestment	Compan	y Act	of 19	40				
1(b).											
(Drint or Type P	asponsos)										
(Print or Type R	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of I								f Reporting Per	son(s) to		
FINN JOHN	i i tuille ullu	Tiener or	riuum	6	Issuer						
		Symbol CARD	NAL HEA	ALTH IN		[HA]					
(Last)	(First) (M	iddle) 3. Date o	f Earliest Tra	ansaction	_	_	(Cheo	ck all applicable	e)		
		(Month/I				X Director 10% Owner					
7000 CARDINAL PLACE 11/06/20			-				Officer (give title Other (specify below)				
(Street) 4. If Amen											
	nendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)						
							One Reporting Person				
DUBLIN, O	H 43017						Form filed by I Person	More than One R	eporting		
(City)	(State) (2	7in)									
(City)	(State) (A	Zip) Tab	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any					Form: Direct (D) or	Indirect Beneficial Ownership			
(mour o)		(Month/Day/Year)				Owned	Indirect (I)				
						Following	(Instr. 4)	(Instr. 4)			
					(A)		Reported Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common											
Shares (1)	11/06/2013		А	2,939	Α	\$0	22,957	D			
Common Shares							23,272	Ι	By Spouse		
Shares											

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)

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: CARDINAL HEALTH INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
FINN JOHN F 7000 CARDINAL PLACE DUBLIN, OH 43017	Х						
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		11/07/2013					
**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).
- (1) Grant of restricted share units that will vest on November 6, 2014, except if the 2014 Annual Meeting of Shareholders is prior to November 6, 2014, then the restricted share units will vest on the date of the 2014 Annual Meeting of Shareholders.

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.