Edgar Filing: CARDINAL HEALTH INC - Form 4

Form 4	L HEALTH INC									
FORN Check th if no lon, subject to Section 1 Form 4 c Form 5 obligation may com	obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						OMB Number: Expires: Estimated a burden hour response	•		
(Print or Type]	Responses)									
MORRISON PATRICIA Symbol			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Dat (Mont			Date of Earliest Transaction fonth/Day/Year) 5/08/2015				(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below) below) Chief Information Officer			
(Street) 4. If Amen Filed(Mont				Date Original ar)	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, C	OH 43017						Form filed by M Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y	Code		sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	05/08/2015		М	36,042	А	\$ 41.6	66,839	D		
Common Shares	05/08/2015		S	36,042	D	\$ 86.22 (1)	30,797	D		

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

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 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. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 41.6	05/08/2015		М	36,042	(2)	08/15/2021	Common Shares	36,042

Reporting Owners

Reporting Owner Name / Address	Relationships					
I B	Director	10% Owner	Officer	Other		
MORRISON PATRICIA 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Information Officer			
Signatures						
/s/ Elaine S. Natsis, Attorney-in-fact		05/12/2015				

**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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$86.19 (1) to \$86.24, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or the staff of the Securities and Exchange Commission, upon request full information recording the number of shares sold at each concertainty of the staff of the Securities and Exchange Commission.

- (1) the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote 1 to this Form 4.
- (2) The option, representing a right to purchase a total of 36,042 shares, vested and became exercisable in three equal annual installments beginning on August 15, 2012.

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.