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CARDINA	L HEALTH INC											
Form 4												
August 03,												
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL				
Washington, D.C. 20549						OWI	3 1ber:	ar: 3235-0287				
Check t if no los subject Section Form 4 Form 5	to SIAIE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES)F Estii burc resp	Expires:January 31, 2005Estimated average burden hours per response0.5		
obligati may co <i>See</i> Inst 1(b).	ntinue. truction	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	e Responses)											
1. Name and Address of Reporting Person * RAISBECK DAVID W (Last) (First) (Middle) 15615 MCGINTY ROAD, WEST			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year) 08/03/2005				X_ Director 10% Owner Officer (give title Other (specify below) below)					
(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					
WAIZAI	A, MN 55331							Person	2	1	U	
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivati	ve Sec	urities A	cquired, Dispose	d of, or Be	eneficially	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownershi Form: Direct (D or Indirec (I) (Instr. 4)	p Indiro Owno) (Instr	ture of ect Beneficial ership : 4)				
Common Shares								3,000	D			
Common Shares	08/03/2005			А	175	A	\$ 59.95	2,418	Ι	•	Deferred pensation	

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities	8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) <u>(1)</u>	\$ 70.12					05/08/2002	05/08/2012	Common Shares	2,139	
Option (right to buy) (2)	\$ 70.12					05/08/2002	05/08/2012	Common Shares	1,426	
Option (right to buy) (2)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	3,571	
Option (right to buy) (2)	\$ 59					11/05/2003	11/05/2013	Common Shares	5,084	
Option (right to buy) <u>(1)</u>	\$ 54.2					12/08/2004	12/08/2014	Common Shares	3,094	
Option (right to buy) $\frac{(2)}{2}$	\$ 54.2					12/08/2004	12/08/2014	Common Shares	2,441	

Reporting Owners

	-		
Reporting	Owner	Name /	Address

Relationships

Director 10% Owner Officer Other

RAISBECK DAVID W 15615 MCGINTY ROAD, WEST X WAYZATA, MN 55331

Signatures

David W. Raisbeck

08/03/2005

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).
- (1) Stock options granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (2) Stock options granted pursuant to the Cardinal Health, Inc. Outside Directors Equity Incentive Plan.

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.