CARDINAL HEALTH INC

Form 4

November 05, 2015

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

OMB 3235-0287 Number:

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

response... 0.5

See Instruction 1(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

Shares

(Print or Type Responses)

1. Name and Address of Reporting Person * Hall Patricia Hemingway

(First)

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

CARDINAL HEALTH INC [CAH]

(Check all applicable)

7000 CARDINAL PLACE

3. Date of Earliest Transaction

(Month/Day/Year) 11/04/2015

X Director 10% Owner Officer (give title Other (specify below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

DUBLIN, OH 43017

(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Middle)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Code V Amount (D) Reported Transaction(s) (Instr. 3 and 4)

Common 11/04/2015

Price 1,848 \$0 6,488 A (1)

D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	nd 8.	. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	Date	Amount of	of D	erivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlyii	ng S	ecurity	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	ve		Securities	s (I	(nstr. 5)	Bene
	Derivative		•		Securitie	es		(Instr. 3 a	and 4)		Own
	Security				Acquire	d					Follo
	•				(A) or						Repo
					Dispose	d					Trans
					of (D)						(Instr
					(Instr. 3,	•					·
					4, and 5)					
				C 1 1	(A) (D)	, D.	F	m: 1 A	,		
				Code V	(A) (D	·	Expiration				
						Exercisable	Date	or			
									ımber		
								of			
								Sh	ares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Hall Patricia Hemingway 7000 CARDINAL PLACE DUBLIN, OH 43017	X						

Signatures

/s/ Elaine S. Natsis,
Attorney-in-fact 11/05/2015

**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).
- (1) Grant of restricted share units that will vest on November 4, 2016, except if the 2016 Annual Meeting of Shareholders is prior to November 4, 2016, then the restricted share units will vest on the date of the 2016 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.

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