Edgar Filing: CRAWFORD VICTOR L. - Form 4

CRAWFORI	O VICTOR L.												
Form 4													
November 19	9, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL			
	UNITED	STATES		ITIES A				IGE (COMMISSION	OMB Number:	3235-0287		
Check this				U	ĺ					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW					NERSHIP OF		2005		
Section 10						ΓIES				Estimated a burden hou	•		
Form 4 or	•								response	0.5			
Form 5	-							-	e Act of 1934,				
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section													
<i>See</i> Instru 1(b).		30(h)	of the In	vestmen	t C	Company	v Act	of 194	40				
(Print or Type R	esponses)												
1 37 1 4		D *											
CD ANTODD MICTOD I				Name and Ticker or Trading				<u>g</u>	5. Relationship of Reporting Person(s) to Issuer				
CRAWFOR	D VICTOR L.		Symbol	NAL HEALTH INC [CAH]				A T T I	100001				
			CARDI	NAL HE	LAI			AHJ	(Chec	k all applicable	:)		
(Last)	(First) (Middle)	3. Date of		`ran	isaction							
			h/Day/Year)					Director 10% Owner X Officer (give title Other (specify					
7000 CARDINAL PLACE 11/15/20)18					below) below)				
									CEO, Pha	rmaceutical Seg	gment		
(Street) 4. If Amer			ndment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Mont				nth/Day/Year)					Applicable Line)				
	11 10015								_X_ Form filed by C Form filed by N	One Reporting Pe Iore than One Re			
DUBLIN, O	H 43017								Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-l	Der	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat			3.					5. Amount of	6. Ownership			
Security	(Month/Day/Year		n Date, if			(A) or Dis	sposed	of	Securities Beneficially		Indirect Beneficial		
(Instr. 3) any (Month/Day/Yea			Dav/Year)	Code (D) r) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned	(D) or Indirect (I)	Ownership		
		X		((,	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code V	/	Amount	(D)	Price	(msu. 5 and 4)				
Common Shares	11/15/2018			A <u>(1)</u>		26,028	А	\$0	26,028	D			

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
CRAWFORD VICTOR L. 7000 CARDINAL PLACE DUBLIN, OH 43017			CEO, Pharmaceutical Segment						
Signatures									
/s/ Elaine S. Natsis, Attorney-in-fact		11/19/2018							
**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 vests in three equal annual installments beginning on November 15, 2019.

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.