#### CARDINAL HEALTH INC

Form 4 August 03, 2005

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

response...

5. Relationship of Reporting Person(s) to

3235-0287 Number: January 31, Expires:

**OMB APPROVAL** 

2005

0.5

Estimated average burden hours per

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

may continue.

See Instruction

BING DAVID			Symbol CARDINAL HEALTH INC [CAH]				(Check all applicable)				
											(Last)
11500 OAKLAND AVENUE (Street)			(Month/Day/Year) 08/03/2005				X Director 10% Owner Officer (give title Other (specification) below)				
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
DETROIT	C, MI 48211	Filed	l(Month/Day/Ye	ear)			Applicable Line _X_ Form filed Form filed Person		0		
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	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)	7. Nature of Indirect Beneficia Ownership (Instr. 4)			
Common Shares	08/03/2005		A	175	A	\$ 59.95	3,669	I	By Deferred Compensation Plan		
Reminder: R	eport on a separate lir	e for each class of	securities ben	Pers info requ	ons rmati iired	who res on conta to respo	r indirectly.  pond to the column this found unless the thirty valid OMB (	rm are not form	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

number.

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (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)		8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (1)	\$ 38.75					05/11/2000	05/11/2010	Common Shares	3,870	
Option (right to buy) (2)	\$ 38.75					05/11/2000	05/11/2010	Common Shares	2,580	
Option (right to buy) (2)	\$ 62.5					11/01/2000	11/01/2010	Common Shares	3,200	
Option (right to buy) (2)	\$ 63.9					11/07/2001	11/07/2011	Common Shares	3,912	
Option (right to buy) (2)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	3,571	
Option (right to buy) (1)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,842	
Option (right to buy) (2)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,242	
Option (right to buy) (1)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	3,094	
Option (right to buy) (2)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	2,441	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Reporting Owners 2

### Edgar Filing: CARDINAL HEALTH INC - Form 4

Director 10% Owner Officer Other

BING DAVID 11500 OAKLAND AVENUE X DETROIT, MI 48211

# **Signatures**

Dave Bing 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.

Signatures 3