Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL Form 4	HEALTH INC											
August 18, 2	015											
FORM	14									OMB AF	PROVAL	
	UNITED	STATES S				ND EX(D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 14 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								January 31 Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> Morford Craig S			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		3. Date of Earliest Transaction					(Check all applicable)				
7000 CARDINAL PLACE		(N	(Month/Day/Year) 08/15/2015						Director 10% Owner X Officer (give title Other (specify below) below) Chief Legal/Compliance Officer			
			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			
DUBLIN, O	H 43017								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative	Secur	ities Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code	V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	08/15/2015			A <u>(1)</u>		4,984	А	\$0	88,373	D		
Common Shares	08/15/2015			F <u>(2)</u>		6,553	D	\$ 84.27 (3)	81,820	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 84.27	08/15/2015		A	23,961	<u>(4)</u>	08/15/2025	Common Shares	23,961

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Morford Craig S 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Legal/Compliance Officer			
Signatures						
/s/ Elaine S. Natsis,						

/s/ Elaine S. Natsis,	
Attorney-in-fact	08/18/2015

**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 ("RSUs") that vest in three equal annual installments beginning on August 15, 2016.
- Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 7,972 (2)RSUs and 13,364 performance share units.
- (3) Reflects closing price on prior business day.
- (4) Stock option vests in three equal annual installments beginning on August 15, 2016.

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.