#### Edgar Filing: WILLIAMS PAUL S - Form 4

WILLIAMS PAUL S Form 4 February 22, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	NERSHIP OF NERSHIP OF Re Act of 1934, f 1935 or Section Number: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type Responses)		
1. Name and Address of Reporting Person <u>*</u> WILLIAMS PAUL S	2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]	5. Relationship of Reporting Person(s) to Issuer
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)
7000 CARDINAL PLACE	(Month/Day/Year) 02/17/2005	Director 10% Owner X_ Officer (give title Other (specify below) below) EVP, CLO & Secretary
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>
DUBLIN, OH 43017		Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	juired, Disposed of, or Beneficially Owned
(Instr. 3) any	eeemed 3. 4. Securities ntion Date, if TransactionAcquired (A) or Code Disposed of (D) th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or Indirect (I)BeneficialOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)
Common 02/17/2005 Shares	G V 122 D (1)	7,000 D
Common Shares		1,619 I By ESPP

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. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) $(2)$	\$ 36.307					03/02/2001	03/02/2008	Common Shares	5,337	
Option (right to buy) (2)	\$ 43.14					08/11/2001	08/11/2008	Common Shares	4,500	
Option (right to buy) (2)	\$ 47.333					03/01/2002	03/01/2009	Common Shares	9,834	
Option (right to buy) (2)	\$ 31.167					11/15/2002	11/15/2009	Common Shares	25,668	
Option (right to buy) (2)	\$ 66.083					11/20/2003	11/20/2010	Common Shares	18,938	
Option (right to buy) (2)	\$ 65.06					04/23/2004	04/23/2011	Common Shares	7,685	
Option (right to buy) (2)	\$ 68.1					11/19/2004	11/19/2011	Common Shares	35,242	
Option (right to buy) (2)	\$ 67.9					11/18/2005	11/18/2012	Common Shares	37,219	
Option (right to buy) (2)	\$ 67.9					11/18/2005	02/18/2013	Common Shares	7,443	
Option (right to buy) $\frac{(2)}{2}$	\$ 61.38					11/17/2006	11/17/2013	Common Shares	50,505	

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Option (right to \$44.15 buy) (2)

08/23/2007 08/23/2014 Common 65,000 Shares

## **Reporting Owners**

<b>Reporting Owner Name / Addr</b>	ess	Kelationships					
	Director	10% Owner	Officer	Other			
WILLIAMS PAUL S 7000 CARDINAL PLACE DUBLIN, OH 43017			EVP, CLO & Secretary				
Signatures							
Paul S. Williams	02/18/2005						
<u>**</u> 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) Bona fide gift.

(2) Stock option granted pursuant to the Cardinal Health, Inc. 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.