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CARDINAL	HEALTH INC											
Form 4												
April 19, 200)6											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549					UMIMISSION	OMB Number:	3235-0287					
Check this box if no longer STATEMENT OF Cl				CHANGES IN BENEFICIAL OWN					JERSHIP OF	Expires:	January 31, 2005	
subject to Section 1 Form 4 or	6.	SECURITIES							Estimated average burden hours per response 0.5			
Form 5		rsuant to S	Section 1	6(a) of th	ne Secur	ities	Exc	change	e Act of 1934,	16300136	0.0	
obligation	¹⁸ Section 17							-	1935 or Section	n		
may conti <i>See</i> Instru 1(b).		30(h)	of the In	vestment	Compa	ny A	Act o	of 194	0			
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> CLARK R KERRY			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			CARDI	NAL HE	ALTH	NC	[CA	(H	(Chec	k all applicable)	
(Last)	(First) ((Middle)	3. Date of	Earliest T	ransactio	ı			(Chee	k all applicable)	
			(Month/Day/Year) 04/17/2006						_X_ Director10% Owner _X_ Officer (give titleOther (specify			
									below) Presi	below) ident and CEO		
	(Street)		4. If Ame	ndment, Da	ate Origin	al			6. Individual or Jo	oint/Group Filin	g(Check	
				led(Month/Day/Year)					Applicable Line)			
DUBLIN, O	0H 43017								_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	o I Non I	Domissotis	Soo			uired, Disposed of	on Ponoficial	ly Owned	
175-1								_			-	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	nsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
							(A) or		Reported Transaction(s)	((
				Code V	Amou	nt	(D)	Price	(Instr. 3 and 4)			
Common Shares	04/17/2006			А	110,60)0	A	<u>(1)</u>	110,600	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 Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Shares (2)	\$ 70	04/17/2006	А	1	(3)	04/17/2013	Common Shares	665,000	

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CLARK R KERRY 7000 CARDINAL PLACE DUBLIN, OH 43017	Х		President and CEO					
Signatures								

R. Kerry Clark	04/17/2006

**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) Restricted share unit award granted pursuant to the Cardinal Health, Inc. 2005 Long-Term Incentive Plan, as amended.
- (2) Stock option granted pursuant to the Cardinal Health, Inc. 2005 Long-Term Incentive Plan, as amended.
- (3) Stock option vests in four equal annual installments beginning on 4/17/2007.
- (4) Stock option granted without payment by grantee.

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.