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

CARDINAL Form 4 August 17, 2	HEALTH INC										
									OMB APPROVAL		
-	UNITEDS		SECURITIES AND EXCHANGE ( Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287		
Check th if no long								Expires:	January 31, 2005		
subject to Section 1 Form 4 o	.6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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								0.5			
(Print or Type I	Responses)										
1. Name and A Walsh Dani	er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer						
		Symbol CARDINAL HEALTH INC [CAH]				(Check all applicable)					
			. Date of Earliest Transaction Month/Day/Year)				Director 10% Owner				
7000 CARE	2006				XOfficer (give titleOther (specify below) below) EVP, Chf Ethcs & Compl Offcr						
	nendment, Date Original Ionth/Day/Year)				<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>						
DUBLIN, C					Form filed by More than One Reporting Person						
(City)	(State) (State)	Zip) Tab	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
(Instr. 3) any		Execution Date, if any				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	08/15/2006		Code V A	Amount 2,587	(D) A	Price ( <u>1)</u>	8,477	D			
Shares	08/15/2000		A	2,387	A		0,477	D			
Common Shares							358	Ι	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. Transacti Code (Instr. 8)	5. orNumber of Derivativ 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. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (2)	\$ 59.16					05/18/2008	05/18/2015	Common Shares	5,000	
Option (right to buy) <u>(2)</u>	\$ 58.88					(3)	09/02/2012	Common Shares	20,229	
Option (right to buy) (4)	\$ 66.34	08/15/2006		А	1	(5)	08/15/2013	Common Shares	18,107	<u>(</u>

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Walsh Daniel J 7000 CARDINAL PLACE DUBLIN, OH 43017			EVP, Chf Ethcs & Compl Offcr				
<b>•</b> ••							

## Signatures

\*\*Signature of

Reporting Person

Daniel J. Walsh 08/15/2006

# **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Restricted share unit award granted under the Cardinal Health, Inc. 2005 Long-Term Incentive Plan, as amended. Award granted without (1) payment by grantee and vests in three equal annual installments beginning on 8/15/2007.
- (2) Stock option granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (3) Stock option vests in four equal annual installments beginning on 9/2/2006.
- (4) Stock option granted pursuant to the Cardinal Health, Inc. 2005 Long-Term Incentive Plan, as amended.

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- (5) Stock option vests in four equal annual installments beginning on 8/15/2007.
- (6) 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.