Henderson Jeffrey William Form 4 December 07, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number: January 31,

Estimated average

Expires: 2005

burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Shares

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Henderson Jeffrey William | | | 2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|------------------------------------|--|--|---|------|--|---|--|--|--|---|
| (Last) (First) (Middle) 7000 CARDINAL PLACE | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2010 | | | | | Director 10% OwnerX_ Officer (give title Other (specify below) Chief Financial 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 Person | More than One Ro | eporting |
| (City) | (State) | (Zip) | Table | e I - Nor | n-De | rivative S | ecuri | ties Acc | quired, Disposed | of, or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executi any | emed on Date, if /Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities on Acquired (A Disposed of (Instr. 3, 4 and (A O Amount (E | |)) | 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 Shares | 12/03/2010 | | | G | V | 700 | D | \$0 | 120,274 | D | |
| Common | | | | | | | | | 2 320 | ī | Ry FSPP |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

2,329

By ESPP

Edgar Filing: Henderson Jeffrey William - Form 4

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) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Amour Underl Securit | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|----------------------------|---|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Henderson Jeffrey William 7000 CARDINAL PLACE **DUBLIN, OH 43017**

Chief Financial Officer

Signatures

/s/ James E. Barnett, Attorney-in-fact

12/07/2010

**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).

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.

Reporting Owners 2