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CARDINAL	HEALTH INC										
Form 4											
November 06	5, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OW					Expires:	Expires: January 31, 2005 Estimated average burden hours per	
								NERSHIP OF			
Section 16.				SECURITIES							
Form 4 or Form 5			. 10		а					response 0.5	
obligation	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934,			
may conti	nue. Section 17(a			•	•	- ·		f 1935 or Sectio	n		
See Instru	ction	30(n) 01	the Inv	vestment (Company	y Act	01 19	40			
1(b).											
(Print or Type R	esponses)										
JONES CLAYTON M Symbol				Name and	ame and Ticker or Trading			5. Relationship of Reporting Person(s) to			
								Issuer			
				INAL HEALTH INC [CAH]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				(Check an applicable)			
7000 CARDINAL PLACE(Month/D11/05/20			Month/Da	Day/Year)			X Director 10% Owner				
			1/05/20	2014				Officer (give title Other (specify below) below)			
	(Street)	4	If Amon	indmont Data Original							
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
Theo(Mon				nui/Day/Teat)				_X_ Form filed by One Reporting Person			
DUBLIN, O	H 43017							Form filed by M Person	More than One Re	eporting	
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	ate 2A. Deemed		3. 4. Securities					6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execut								Form: Direct	Indirect	
(Instr. 3)		any (Month/Day	v/Vear)	Disposed of (D) (Instr. 3, 4 and 5)			•	D) or indirect (I)	Beneficial Ownership		
	(WOIIII/Da	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				3)		(Instr. 4)			
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V		(D)	Price	(instr. 5 and 4)			
Common	11/05/2014			А	2,028	А	\$0	8,046	D		
Shares					(1)						

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. ionNumbe	6. Date Exer r Expiration I			le and unt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of		any (Month/Day/Year)	Code (Instr. 8)	of Derivat	(Month/Day ive	/Year)	Unde: Secur	rlying tiies	Security (Instr. 5)	Secui Bene
(Derivative		()	(Securit	ies			. 3 and 4)	()	Owne
	Security				Acquir (A) or	ed					Follo Repo
					Dispos	ed					Trans
					of (D) (Instr. 3	3,					(Instr
					4, and 3	5)					
				Code V	(A) (I	D) Date Exercisable	Expiration Data	Title			
						Exercisable	Date		or Number		
									of Shares		
									Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JONES CLAYTON M 7000 CARDINAL PLACE DUBLIN, OH 43017	Х						
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		11/06/2014					
**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 that will vest on November 5, 2015, except if the 2015 Annual Meeting of Shareholders is prior to November 5, 2015, then the restricted share units will vest on the date of the 2015 Annual Meeting of Shareholders.

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.