## Edgar Filing: CARDINAL HEALTH INC - Form 4

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							Expires:	January 31,				
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 d average		
Section 16	Section 16.				ITIES				burden hou	irs per		
Form 4 or Form 5									response	0.5		
obligation	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934,				
may conti	nue. Section 17(a			•	•	- ·		f 1935 or Sectio	n			
See Instru	ction	30(n)	of the Inv	vestment (	Company	Act	01 19	40				
1(b).												
(Print or Type R	esponses)											
	•											
1. Name and Ad	ddress of Reporting F	Person <sup>*</sup>	2. Issuer	Name and	Ticker or 7	Fradin	g	5. Relationship of	Reporting Person(s) to			
KENNY GREGORY B Symbol				C				Issuer				
				INAL HEALTH INC [CAH]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of			3. Date of	f Earliest Transaction				(Check all applicable)				
			(Month/Da					X Director 10% Owner				
7000 CARD	INAL PLACE		11/05/20	-				Officer (give title Other (specify below)				
			4 0 - 1									
				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mor				(n/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
DUBLIN, OH 43017								Form filed by More than One Reporting				
								Person				
(City)	(State) (	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deer	ned	3. 4. Securities					6. Ownership	7. Nature of		
Security	(Month/Day/Year)		n Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct	Indirect			
(Instr. 3)		any (Month/I	Day/Year)					•	D) or ndirect (I)	Beneficial Ownership		
	$(\operatorname{Inst}, 3)$ $(\operatorname{Inst}, 3)$ $(\operatorname{Inst}, 3)$					Following	(Instr. 4)					
				(A)			Reported	Instr. 4)				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V		(D)	Price	(insu: 5 and 4)				
Common	11/05/2014			А	2,281	А	\$0	21,865	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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D)		1		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code N	(Inst 4, an 7 (A)	nd 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KENNY GREGORY B 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.