## Edgar Filing: CARDINAL HEALTH INC - Form 4

## CARDINAL HEALTH INC

Form 4

Common

Common

Shares

Shares

November 06, 2008

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<b>FORM</b>	14 UNITED	STATES	SECUE	RITIES	AND EX	СНА	NGE (	COMMISSION		PPROVAL	
			1, D.C. 2		LI (OL C		OMB Number:	3235-0287			
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subject t Section Form 4 o		SECU	RITIES			NERSHIP OF	Estimated a burden hou response	average ırs per			
Form 5 obligation may con <i>See</i> Instruction 1(b).	ons tinue. Section 17	(a) of the		tility Ho	lding Co	mpan	y Act of	e Act of 1934, f 1935 or Sectio 40	n		
Print or Type	Responses)										
1. Name and Address of Reporting Person * FRANCIS PHILIP L		2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer				
							(Check all applicable)				
(Last) (First) (Middle) 19601 N. 27 TH AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 11/05/2008					_X_ Director 10% Owner Officer (give title below) Other (specify below)			
PHOENIX,	(Street) AZ 85027			ndment, I	Oate Origin ar)	al		· · · · · · · · · · · · · · · · · · ·		erson	
(City)	(State)	(Zip)	Tabl	o I. Non	Dorivativ	o Soom	ritios A oo	Person	f or Ronoficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	e 2A. Deer Executio any	ned	3. Transact Code (Instr. 8)	4. Securion(A) or I (Instr. 3	rities A Dispose , 4 and (A) or	cquired ed of (D)	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	
Common Shares	11/05/2008			A	1,068 (1)	A	\$ 39.33 (2)	2,784	D		
Common Shares								1,950	I	By wife as UGMA custodian for daughter	

6,000

7,000

I

I

By Trust

By Trust

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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.

SEC 1474 (9-02)

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. Transacti	5. onNumber	6. Date Exerc Expiration D		7. Title and A Underlying S		8. Price Derivat
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		(Instr. 3 and		Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (3)	\$ 39.33 (2)	11/05/2008		A	1	<u>(4)</u>	11/05/2015	Common Shares	7,177	<u>(5)</u>

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FRANCIS PHILIP L 19601 N. 27 TH AVENUE PHOENIX, AZ 85027	X						

# **Signatures**

Aneezal H. Mohamed, Attorney-in-fact

\*\*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 vests on November 5, 2009 except if the Company's 2009 Annual Meeting of Shareholders (the "2009 Annual Meeting") is prior to November 5, 2009, then the restricted share unit award will vest on the date of the 2009 Annual Meeting.
- (2) Restricted share unit award granted under the Cardinal Health, Inc. 2007 Nonemployee Directors Equity Incentive Plan ("NDEIP"). Award granted without payment by grantee.

Reporting Owners 2

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- (3) Stock option granted pursuant to the NDEIP.
- (4) Stock option will become exercisable on November 5, 2009 except if the 2009 Annual Meeting is prior to November 5, 2009, then the stock option will become exercisable on the date of the 2009 Annual Meeting.
- (5) 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.