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SCHLOTTERBECK DAVID L

Form 4

November 12, 2004

FORM 4

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

OMB APPROVAL
OMB
3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

See Instruction 1(b).

Common

Common

Common

Common

Shares

Shares

Shares

Shares

11/12/2004

11/12/2004

11/12/2004

(Print or Type Responses)

1. Name and A SCHLOTTI	L Symbol	2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer				
		CARDINAL HEALTH INC [CAH]			(Check all applicable)			
(Last)	(First) (N	Middle) 3. Date of	f Earliest Tr	ansaction				
		(Month/D	ay/Year)		Director		Owner	
10221 WAT	E 11/12/2	11/12/2004			_X_ Officer (give title Other (specify below)			
					· · · · · · · · · · · · · · · · · · ·	EO-Clncl Techn	& Svcs	
	4. If Ame	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
	Filed(Mon	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEG					Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative Securities Acq	quired, Disposed o	of, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		on(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	
					Following	(Instr. 4)	(Instr. 4)	
				(A)	Reported			

Code V

M

M

M

Transaction(s)

(Instr. 3 and 4)

D

D

D

Ι

21,369

74,458

97,977

750

or

(D)

A

Price

Amount

21,369

53,089 A

23,519 A

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

By Spouse

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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 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. Transaction Code (Instr. 8)	5. Number of ionDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy) (1)	\$ 1.43	11/12/2004		M		21,369	03/19/2003	02/19/2011	Common Shares	21,369
Option (right to buy) (1)	\$ 7.54	11/12/2004		M		53,089	03/31/2003	04/16/2009	Common Shares	53,089
Option (right to buy) (1)	\$ 6.15	11/12/2004		M		23,519	06/25/2004	02/26/2012	Common Shares	23,519
Option (right to buy) (2)	\$ 44.15						08/23/2007	08/23/2014	Common Shares	244,621

Reporting Owners

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer	Other			
SCHLOTTERBECK DAVID L			Chmn &				
10221 WATERIDGE CIRCLE			CEO-Clncl				
SAN DIEGO, CA 92121			Techn & Svcs				

Signatures

11/12/2004
Date

Reporting Owners 2

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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) Stock option granted pursuant to the Alaris Medical, Inc. 1996 Stock Option Plan.
- (2) Stock option granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.

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.