#### Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL Form 4	L HEALTH INC												
December 0	9, 2004												
FORM	Λ4						ANGE		<b></b>	ON	IB API	PROVA	۱L
Check ti	UNITED	STATES		RITIES ashingto				COMMISSI	ON	OMB Numbe	ər:		-0287
if no lor	nger									Expire	s:	January 31, 2005	
subject Section Form 4	to <b>SIAIE</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							JF	burder	stimated average urden hours per esponse 0.		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the	Public U		olding Co	ompa	ny Act	nge Act of 193 of 1935 or Sea 940					
(Print or Type	Responses)												
			2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer					
(Lost)	(First)	(Middle)					[CAII]	((	Check	all appli	icable)		
(Last) 2400 PRA	(First)	(Middle) ITE 1500		of Earliest Day/Year) 2004		n		X Director Officer ( below)		itle	_ Other	Owner (specify	
DURHAM	(Street) , NC 27705			nendment, l onth/Day/Ye	-	nal		6. Individual Applicable Lin _X_ Form filed Form filed Person	e) l by Oı	ne Report	ing Pers	son	
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Seci	urities A	cquired, Dispose	ed of,	or Bene	ficially	o Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Forn Dire	ct (D) ndirect		-	ficial
Common Shares								150	Ι		-	on's ical	-
Common Shares	12/07/2004			А	144	A	\$ 52.2	1,391	Ι		Defe	pensa	

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

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# 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)	Transaction Date       3A. Deemed       4.       5.       6. Date Exercisable and         Month/Day/Year)       Execution Date, if any       TransactionNumber       Expiration Date         (Month/Day/Year)       (Month/Day/Year)       (Instr. 8)       Derivative         Securities       Acquired       (A) or       Disposed         of (D)       (Instr. 3,       4, and 5)			te	7. Title and Underlying (Instr. 3 and	8. Prio Deriv Secur (Instr.		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (1)	\$ 70.3					05/01/2002	05/01/2012	Common Shares	2,134	
Option (right to buy) (2)	\$ 70.3					05/01/2002	05/01/2012	Common Shares	1,422	
Option (right to buy) (2)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	3,571	
Option (right to buy) (2)	\$ 59					11/05/2003	11/05/2013	Common Shares	5,084	
Option (right to buy) <u>(1)</u>	\$ 54.2	12/08/2004		А	1	12/08/2004	12/08/2014	Common Shares	3,094	\$
Option (right to buy) $(2)$	\$ 54.2	12/08/2004		А	1	12/08/2004	12/08/2014	Common Shares	2,441	\$

# **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

Director 10% Owner Officer Other

Х

SPAULDING JEAN G 2400 PRATT STREET SUITE 1500 DURHAM, NC 27705

### **Signatures**

Jean G. Spaulding

12/08/2004

<u>\*\*</u>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) Stock option granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (2) Stock option granted purusant to the Cardinal Health, Inc. Outside Directors 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.