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

#### CARDINAL HEALTH INC

Form 4

November 06, 2012

### FORM 4

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

OMB

Check this box if no longer subject to

3235-0287 Number: January 31, Expires:

2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

Common

Shares (1)

11/02/2012

(Print or Type Responses)

1. Name and A NOTEBAEF	Person * 2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			CARDINAL HEALTH INC [CAH]			(Check all applicable)			
(Last)	(First) (M	(iddle) 3. Date of	Earliest Tra	ansaction					
		(Month/D	ay/Year)				_X_ Director		6 Owner
7000 CARD	11/02/20	11/02/2012			Officer (gives)	ve titleOth below)	er (specify		
	4. If Amer	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
DAIDA DA CO	V 42015	Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by Form filed by	One Reporting Po	
DUBLIN, O					Person				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities					es Acc	quired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	onAcquired	(A) or		Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed	of (D)		Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
					or		Transaction(s)		
			Code V	Amount	(D) I	Price	(Instr. 3 and 4)		

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

A

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3,406

\$0

31,081

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	nd 8.	. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	Date	Amount of	of D	erivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlyii	ng S	ecurity	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	ve		Securities	s (I	(nstr. 5)	Bene
	Derivative		•		Securitie	es		(Instr. 3 a	and 4)		Own
	Security				Acquire	d					Follo
	•				(A) or						Repo
					Dispose	d					Trans
					of (D)						(Instr
					(Instr. 3,	•					·
					4, and 5	)					
				C 1 1	(A) (D)	, D.	F	m: 1 A	,		
				Code V	(A) (D	·	Expiration				
						Exercisable	Date	or			
									ımber		
								of			
								Sh	ares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting Owner Hume / Hudress	Director	10% Owner	Officer	Other		
NOTEBAERT RICHARD C 7000 CARDINAL PLACE DUBLIN, OH 43017	X					

# **Signatures**

/s/ Elaine S. Natsis,
Attorney-in-fact 11/06/2012

\*\*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).
- Grant of restricted share units that will vest on November 2, 2013, except if the 2013 Annual Meeting of Shareholders is prior to November 2, 2013, then the restricted share units will vest on the date of the 2013 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.

Reporting Owners 2