## Edgar Filing: CARDINAL HEALTH INC - Form 4

	HEALTH INC									
Form 4 August 18, 2	015									
								OMB AF	PROVAL	
FORM	UNITED	STATES SECUI Wa	RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 14 Form 4 or Form 5 obligation may conti <i>See</i> Instru	6. Filed pur Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1040							January 31 Expires: 2005 Estimated average burden hours per response 0.5	
1(b).										
(Print or Type R	Responses)									
Giacomin Jon L Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]				5. Relationship of Reporting Person(s) to Issuer			
<b>(7</b> )					JAHJ	(Check all applicable)				
(Last) 7000 CARD	(Month/I	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2015				Director 10% Owner XOfficer (give title Other (specify below) below) CEO, Pharmaceutical Segment				
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			nth/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tab	la I Non D	anivativa	Soone	ition A or		or Ponoficial	ly Owned	
1. Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			e I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	08/15/2015		A <u>(1)</u>	8,307	А	\$ 0	30,851	D		
Common Shares	08/15/2015		F(2)	3,707	D	\$ 84.27 (3)	27,144	D		

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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed or (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
Employee Stock Option (right to buy)	\$ 84.27	08/15/2015		A	39,936	(4)	08/15/2025	Common Shares	39,936

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Giacomin Jon L 7000 CARDINAL PLACE DUBLIN, OH 43017			CEO, Pharmaceutical Segment				
Signatures							

/s/ Elaine S. Natsis, Attorney-in-fact 08/18/2015

\*\*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 ("RSUs") that vest in three equal annual installments beginning on August 15, 2016.
- Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 4,317 (2)RSUs and 6,960 performance share units.
- (3) Reflects closing price on prior business day.
- (4) Stock option vests in three equal installments beginning on August 15, 2016.

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.