CARDINAL HEALTH INC

Form 4

August 19, 2014

FORM 4

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

OMB 3

Number: 3235-0287

January 31,

Expires: 2005
Estimated average

0.5

OMB APPROVAL

burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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).

(Print or Type Responses)

1. Name and Address of Reporting Person * Kaufmann Michael C			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2014					Director 10% Owner Officer (give title Other (specify below)			
	(Street) 4. Fil				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, C						Form filed by More than One Reporting Person					
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ned n Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				Securities Beneficially Owned	Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	08/15/2014			$A_{\underline{(1)}}$	Amount 11,760	(D)	\$ 0	139,152	D		
Common Shares	08/15/2014			F(2)	13,743	D	\$ 72.13 (3)	125,409	D		
Common Shares	08/18/2014			S <u>(4)</u>	6,833	D	\$ 72.06 (5)	118,576	D		

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)			6. Date Exer Expiration D (Month/Day	ate	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)	\$ 71.43	08/15/2014		A	53,698	<u>(6)</u>	08/15/2024	Common Shares	53,698

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kaufmann Michael C 7000 CARDINAL PLACE DUBLIN, OH 43017

CEO, Pharmaceutical Segment

Signatures

/s/ Elaine S. Natsis,

Attorney-in-fact 08/19/2014

**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 installments beginning on August 15, 2015.
- (2) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 17,536 RSUs and 11,423 performance share units.
- (3) Reflects closing price on prior business day.
- (4) The sale reported on this Form 4 was effected pursuant to a 10b5-1 plan adopted by the reporting person on February 20, 2014.
- (5) The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$71.85 to \$72.37, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate

Reporting Owners 2

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price within the range set forth in footnote 5 to this Form 4.

(6) Stock option vests in three equal annual installments beginning on August 15, 2015.

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.