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CARDINAL	HEALTH INC										
Form 4											
November 06	, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no longe	ANGES IN 1	RENEFI	CIA	LOW	NERSHIP OF	Expires:	January 31, 2005				
Subject to Section 16.				GES IN BENEFICIAL OWNERSHI SECURITIES				Estimated average burden hours per			
Form 5 obligation may conti	Form 4 or Form 5 obligations may continue.response0Filed 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 19400								0.5		
(Print or Type R	esponses)										
Hall Patricia Hemingway Symbol			ssuer Name and ool RDINAL HEA			-	5. Relationship of Reporting Person(s) to Issuer				
				f Earliest Transaction				(Check all applicable)			
			nth/Day/Year)	/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			Amendment, Da (Month/Day/Year)	endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DUBLIN, O	H 43017						Form filed by M Person				
(City)	(State) (Zip)	Fable I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi onAcquirec Disposec (Instr. 3,	l (A) c l of (D 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	11/05/2014		Code V A	Amount 2,028 (1)	(D) A	Price \$ 0	4,640	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transact Code	5. iorNumbe of	 Date Exer Expiration D (Month/Day 	Date	7. Titl Amou Under	int of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	Price of		any (Month/Day/Year)	(Instr. 8)		· · ·	/ 1 cai)	Secur		Security (Instr. 5)	Secur Bene
(Derivative		((Securit				3 and 4)	(Owne
	Security				Acquir	ed					Follo
					(A) or	ad					Repo
					Dispose of (D)	eu					Trans (Instr
					(Instr. 3	3,					(inou
					4, and 5	5)					
				Code V	(A) (I	D) Date	Expiration	Title	Amount		
						Exercisable	Date		or		
									Number of		
									Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hall Patricia Hemingway 7000 CARDINAL PLACE DUBLIN, OH 43017	Х						
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		11/06/2014					
**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 that will vest on November 5, 2015, except if the 2015 Annual Meeting of Shareholders is prior to November 5, 2015, then the restricted share units will vest on the date of the 2015 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.