## Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL	HEALTH INC									
Form 4										
November 07	, 2016									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this if no longe		-					Expires:	January 31,		
subject to	GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average			
Section 16	Section 16. SECURITIE				TIES				burden hours per	
Form 4 or Form 5				a	-			response	0.5	
obligation		suant to Section 1				-	-			
may conti		a) of the Public Ut 20(h) of the Ut	•	•	• •			n		
See Instru	ction	30(h) of the In	vestment	Compan	y Aci	01 19	40			
1(b).										
(Print or Type R	esponses)									
1. Name and Ad	ddress of Reporting F	Person <u>*</u> 2. Issuer	Name and	Ticker or 7	Гradin	g	5. Relationship of	Reporting Person(s) to		
Hall Patricia	Hemingway	Symbol	DINAL HEALTH INC [CAH]				Issuer			
		CARDI					(Check all applicable)			
(Last) (First) (Middle) 3. Date			e of Earliest Transaction			(Check an applicable)				
(Month/D			Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)				
			/03/2016							
						, , , , , , , , , , , , , , , , , , , ,				
			Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
	l(Month/Day/Year)				_X_ Form filed by One Reporting Person					
DUBLIN, O	H 43017						Form filed by M Person	More than One Re	eporting	
(City)	(State) (	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	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	Transactio	ionAcquired (A) or			Securities	Form: Direct	Indirect	
(Instr. 3)		any	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially		Beneficial	
		(Month/Day/Year)				Owned Following	ndirect (I) Instr. 4)	Ownership (Instr. 4)		
					( )		Reported	(mour r)	(110411)	
					(A) or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	11/03/2016		А	2,447	А	\$0	8,935	D		
Shares	11/03/2010		Λ	(1)	Л	ψυ	0,755	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)

1. Title Derivati Security	ive Conversion	3. Transaction Date (Month/Day/Year)		4. Transact Code	5. ionNumber of	6. Date Exer Expiration I (Month/Day	Date	Amou	le and unt of rlying	8. Price of Derivative Security	9. Nu Deriv Secu
(Instr. 3	) Price of Derivative		(Month/Day/Year)	(Instr. 8)	Derivat Securiti			Secur (Instr	rities . 3 and 4)	(Instr. 5)	Bene Owne
	Security				Acquire	ed					Follo
					(A) or Dispose	ed					Repo Trans
					of (D)						(Instr
					(Instr. 3 4, and 5	· ·					
				Code V	<i>,</i>	,	Expiration	Title	Amount		
					() (E	Exercisable	*	The	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		11/07/2016					
**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 3, 2017, except if the 2017 Annual Meeting of Shareholders is prior to November 3, 2017, then the restricted share units will vest on the date of the 2017 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.