CARDINAL HEALTH INC

Form 4

August 19, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number: January 31,

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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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Blake Mark R			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 7000 CARD	(First) PINAL PLACE	(Middle)	3. Date of (Month/D) 08/15/20	ay/Year		ansaction			DirectorX_ Officer (give below)	10%	Owner or (specify	
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
DUBLIN, O	H 43017								Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction De (Month/Day/Yea	r) Executio any	Execution Date, if		3. 4. Securities Acquired Transaction(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)		
					Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	08/15/2014			A(1)		2,917	A	\$0	30,731	D		
Common Shares	08/15/2014			F(2)		3,360	D	\$ 72.13 (3)	27,371	D		
Common Shares	08/18/2014			S		4,782	D	\$ 72.15 (4)	22,589	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (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)	\$ 71.43	08/15/2014		A	13,318	<u>(5)</u>	08/15/2024	Common Shares	13,318

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Blake Mark R

7000 CARDINAL PLACE EVP - Strategy & Corp. Dev.

DUBLIN, OH 43017

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).
- $(1) \quad Grant of restricted share units ("RSUs") that vest in three equal installments beginning on August 15, 2015.$
- (2) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 4,744 RSUs and 3,398 performance share units.
- (3) Reflects closing price on prior business day.

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$72.15 to \$72.157, 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 price within the range set forth in footnote 4 to this Form 4.

Reporting Owners 2

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(5) Stock option vests in three equal 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.