

CARDINAL HEALTH INC

Form 3

November 18, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF 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  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â Giacomini Jon L  
(Last) (First) (Middle)

7000 CARDINAL PLACE

(Street)

DUBLIN, OH 43017

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
11/11/2014

3. Issuer Name and Ticker or Trading Symbol  
CARDINAL HEALTH INC [CAH]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10% Owner  
\_X\_ Officer \_\_\_\_ Other  
(give title below) (specify below)  
CEO, Pharmaceutical Segment

5. 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 Person

**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security  
(Instr. 4)2. Amount of Securities Beneficially Owned  
(Instr. 4)3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Common Shares

15,584

D Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security  
(Instr. 4)2. Date Exercisable and Expiration Date  
(Month/Day/Year)

Date Exercisable Expiration Date

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:  
Direct (D)  
or Indirect6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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			Shares		(I) (Instr. 5)		
Employee Stock Option (right to buy)	Â (1)	09/15/2016	Common Shares	13,654	\$ 27.29	D	Â
Employee Stock Option (right to buy)	Â (1)	09/15/2016	Common Shares	16,100	\$ 27.29	D	Â
Employee Stock Option (right to buy)	Â (1)	08/16/2017	Common Shares	9,927	\$ 30.94	D	Â
Employee Stock Option (right to buy)	Â (1)	08/15/2021	Common Shares	23,270	\$ 41.6	D	Â
Employee Stock Option (right to buy)	Â (2)	08/15/2022	Common Shares	26,166	\$ 39.81	D	Â
Employee Stock Option (right to buy)	Â (3)	08/15/2023	Common Shares	21,349	\$ 51.49	D	Â
Employee Stock Option (right to buy)	Â (4)	08/15/2024	Common Shares	14,650	\$ 71.43	D	Â
Employee Stock Option (right to buy)	Â (5)	09/15/2024	Common Shares	24,037	\$ 74.96	D	Â

## Reporting Owners

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

## Signatures

/s/ Elaine S. Natsis,  
Attorney-in-fact

11/18/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) These options are currently exercisable.
- (2) Two-thirds of these options are currently exercisable and one-third will vest on 8/15/2015.
- (3) One-third of these options are currently exercisable, one-third will vest on 8/15/2015, and one-third will vest on 8/15/2016.
- (4) These options vest in three equal annual installments beginning on 8/15/2015.
- (5) These options vest in three equal annual installments beginning on 9/15/2015.

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### Remarks:

EXHIBIT LIST: EX-24 Giacomin POA

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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