Edgar Filing: MORRISON PATRICIA - Form 4

MORRISON Form 4 August 17, 2	N PATRICIA 2017										
FORN Check th	UNITED	STATES		CITIES A Shington,			NGE C	COMMISSION	OMB Number:	PROVAL 3235-0287 January 31,	
Section 16. Form 4 or				GES IN BENEFICIAL OWNEI SECURITIES					Expires: Estimated a burden hou response	2005 verage	
Form 5 obligations may continue. See Instruction 1(b). 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)											
MORRISON PATRICIA Syn			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)	CARDINAL HEALTH INC [CAH](Check all applicable)3. Date of Earliest Transaction)			
7000 CARDINAL PLACE(Month/D08/15/20			n/Day/Year) /2017				Director 10% Owner X_ Officer (give title Other (specify below) Chief Information Officer				
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, OH 43017 Form filed by More than One Reporting Person						porting					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		on Date, if	Code (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	08/15/2017			A <u>(1)</u>	6,021	А	\$ 0	68,551	D		
Common Shares	08/15/2017			F <u>(2)</u>	3,862	D	\$ 66.76 (3)	64,689	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.

Edgar Filing: MORRISON PATRICIA - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	Date	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 66.43	08/15/2017		A	29,517	<u>(4)</u>	08/15/2027	Common Shares	29,517

Reporting Owners

Reporting Owner Name / Address	Relationships					
I B	Director	10% Owner	Officer	Other		
MORRISON PATRICIA 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Information Officer			
Signatures						
/s/ Flaine S. Natsis						

/s/ Elaine S. Natsis,	
Attorney-in-fact	08/17/2017

**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 annual installments beginning on August 15, 2018.
- (2) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 4,922 RSUs and 6,827 performance share units.
- (3) Reflects closing price on prior business day.
- (4) Stock option vests in three equal annual installments beginning on August 15, 2018.

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.