## Edgar Filing: LAWS STUART G - Form 4

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LAWS STU	ART G										
Form 4											
November 1	3, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549						OMB Number:	3235-0287		
Check th if no lon								Expires:	January 31,		
subject t		AENT OF (	CHANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Verage		
Section			SECUI	RITIES				burden hou	0		
Form 4 c								response	0.5		
Form 5 obligation	-		tion 16(a) of th			-					
may con	Section 171		•	•	· ·	•	1935 or Section	1			
See Instr	ruction	30(h) of	the Investment	Compar	iy Ac	et of 194	40				
1(b).											
(Print or Type	Responses)										
(I fint of Type	(Kesponses)										
1. Name and A	Address of Reporting	Person *	2. Issuer Name and	l Ticker or	Tradi	no	5. Relationship of Reporting Person(s) to				
LAWS STU			mbol	C C				Issuer			
		-	CARDINAL HEALTH INC [CAH]								
(Last)	(First) (I		3. Date of Earliest Transaction				(Check all applicable)				
(Lust)	(11130) (1	, .	Month/Day/Year)				Director 10% Owner				
CARDINA	L HEALTH, INC		1/12/2018				X Officer (give title Other (specify				
CARDINA		, 1	12/2010				below) below) SVP & Chief Accounting Officer				
	(Street)							-			
		nendment, Date Original				6. Individual or Joint/Group Filing(Check					
	ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person						
							More than One Reporting				
	511 45017						Person				
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Instr. 3) any			Code (Instr. 3, 4 and 5)				Form: Direct			
(Instr. 3)								Beneficially (D) or Be			
		(Month/Day	/Year) (Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
					( )		Reported				
					(A) or		Transaction(s)				
			Code V	Amount		Price	(Instr. 3 and 4)				
Common						\$					
Shares	11/12/2018		S	758	D	55.52	6,342	D			
Shubs						(1)					
Common						¢					
	11/13/2018		S	46	D	\$	6,296	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
L O	Director	10% Owner	Officer	Other		
LAWS STUART G CARDINAL HEALTH, INC. 7000 CARDINAL PLACE DUBLIN, OH 43017			SVP & Chief Accounting Officer			
Signatures						
/s/ Elaine S. Natsis, Attorney-in-fact		11/13/2018				

\*\*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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$55.50 to \$55.52, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or

(1) to \$55.52, inclusive. The reporting person underfaces to provide to Cardinar freatily, inc., any security holder of Cardinar freatil, inc., of the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 1 to this Form 4.

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.