Edgar Filing: FINN JOHN F - Form 4

FINN JOHN F											
Form 4											
September 02, 20	09										
FORM 4		~~	~~~~						B AF	PROVA	۱L
	UNITED	STATES		RITIES A			COMMISSIO	N OMB Numbe	r:	3235-0287	
Check this box if no longer								Expires	:	Janua	ry 31, 2005
subject to Section 16.	1ENT OF	F CHAN	NGES IN SECUF	Estimat	Estimated average burden hours per						
Form 4 or Form 5	Form 4 or								se		0.5
obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the H	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940				
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> FINN JOHN F			Symbol	er Name and			5. Relationship of Reporting Person(s) to Issuer				
			CARD	INAL HE	ALTH IN	IC [CAH]	1] (Check all applicable)				
(Last) ((First) (1	Middle)3. Date of Earliest Transaction									
3641 INTERCHANGE RD.			(Month/Day/Year) 09/01/2009			X_ Director Officer (giv below)	ve title	Othe	Owner er (specify		
(Street)			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 					
COLUMBUS, O	H 43204						Person	More than Or	ne Rej	porting	
(City) (State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Benef	iciall	ly Owne	d
	unsaction Date th/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired (Disposed ((Instr. 3, 4) Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownersh Form: Direc (D) or Indir (I) (Instr. 4)	ct 1 rect 1	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl
Reminder: Report on	a separate line	for each cla	ass of sec	urities benef	ficially own	ed directly o	or indirectly.				
					Person inform require	ns who restation cont ation cont ed to respo ys a curren	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not orm	SI	EC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2.	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative C	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration Date	Underlying Securities	Derivat
Security of	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Securit
(Instr. 3) Pr	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	2		(Instr. 5

	Derivative Security				Acqu (A) o Dispo of (D (Instr	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy)	\$ 28.8	09/01/2009	A <u>(1)</u>		1		(6)	11/05/2015	Common Shares	9,801	(5)

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer Other					
FINN JOHN F 3641 INTERCHANGE RD. COLUMBUS, OH 43204	Х							
Signatures								
/s/ Aneezal H. Mohamed, Attorney-in-fact		09/02	2/2009					
**Signature of Reporting Person		D	ate					

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).

Pursuant to the anti-dilution provisions of this grant, the number of shares subject to it (and for options, the exercise price) was adjusted in (1) conjunction with the Issuer's spin-off of CareFusion Corp. The terms of this adjustment were approved by the Issuer's Human Resources and Compensation Committee.

- (5) Award granted without payment by grantee.
- (6) These options will vest on 11/5/2009.

Remarks:

Form 2 of 2.

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.