Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL HEALTH INC Form 4 February 11, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).									OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type I	Responses)										
Barrett George S Symbo					l Ticker or T ALTH IN	-	, Is	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M		3. Date of Earliest Transaction								
				Ionth/Day/Year)X_ Director 2/10/2015X_ Officer (give below) Chai					e title Other (specify below)		
				Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, OH 43017				P				Form filed by More than One Reporting Person			
(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 Dat any (Month/Day/Y	on Date, if Transaction or Disposed of (D) Sea Code (Instr. 3, 4 and 5) Be Day/Year) (Instr. 8) Ov Fo (A) Tra					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	12/03/2014		G	V	24,391	D	\$0	348,694	D		
Common Shares	02/10/2015		M <u>(1)</u>		300,000	А	\$ 27.29	648,694	D		
Common Shares	02/10/2015		S <u>(1)</u>		300,000	D	\$ 84.87 (2)	348,694	D		

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

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displays a currently valid OMB control number.

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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. Transacti Code (Instr. 8)	orDeri Secu Acq Disp	umber of vative urities uired (A) or posed of (D) tr. 3, 4, and	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 Number Shares
Employee Stock Option (right to buy)	\$ 27.29	02/10/2015		М		300,000	(3)	09/15/2016	Common Shares	300,00

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Othe				
Barrett George S 7000 CARDINAL PLACE DUBLIN, OH 43017	Х		Chairman and CEO					
Signatures								
/s/ Elaine S. Natsis, Attorney-in-fact		02/11/2015						

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). **

Date

The exercise and sale reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on (1) November 6, 2014.

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$84.48 to \$85.17, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or (2) 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 2 to this Form 4.

The option, representing a right to purchase a total of 309,954 shares, vested and became exercisable in three equal annual installments (3) beginning on September 15, 2010.

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.