

Snow Ola M
Form 3
October 04, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 Snow Ola M

(Last) (First) (Middle)

7000 CARDINAL PLACE

(Street)

DUBLIN,Â OHÂ 43017

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)

09/28/2018

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

☒ Officer ___ Other

(give title below) (specify below)

Chief Human Resources Officer

5. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group

Filing(Check Applicable Line)

☒ 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

10,710

D

Â

Common Shares

122

I

By 401(k) Plan

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)

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

4. Conversion
or Exercise
Price of
Derivative

5. Ownership
Form of
Derivative
Security:

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

Edgar Filing: Snow Ola M - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	08/15/2024	Common Shares	3,907	\$ 71.43	D	Â
Employee Stock Option (right to buy)	Â (1)	08/15/2025	Common Shares	5,230	\$ 84.27	D	Â
Employee Stock Option (right to buy)	Â (2)	08/15/2026	Common Shares	5,980	\$ 83.19	D	Â
Employee Stock Option (right to buy)	Â (3)	08/15/2027	Common Shares	6,457	\$ 66.43	D	Â
Phantom Stock	Â (4)	Â (4)	Common Shares	74	\$ (4)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Snow Ola M 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	Â Chief Human Resources Officer	Â

Signatures

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

10/04/2018

__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 8/15/2019.

(3) One-third of these options are currently exercisable, one-third will vest on 8/15/2019 and one-third will vest on 8/15/2020.

(4) Represents shares of phantom stock under the Cardinal Health Deferred Compensation Plan that become payable in cash after the reporting person's termination of service. Share amounts reported reflect the notional number of shares attributable to the reporting person's account under a unitized stock fund.

Â

Remarks:

EXHIBIT LIST: EX-24 Snow POA

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.