CARDINAL HEALTH INC

Form 4

August 08, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

Check this box

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * DARDEN CALVIN		Symbol	2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First) (M	iddle) 3. Date of	Earliest Tra	ansaction	(CII	еск ан аррисави	=)
(M			(Month/Day/Year) 08/08/2007			ve titleOth	
	(Street) 4. If Amendment, Date Original			te Original	6. Individual or Joint/Group Filing(Check		
ROSWELL,	Filed(Mont	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting		
ROSWELL,	G/1 30073				Person		
(City)	(State) (Z	Zip) Table	I - Non-D	erivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	5 37
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

Edgar Filing: CARDINAL HEALTH INC - Form 4

1. Title Derivati Security (Instr. 3	Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	onof Derivative	Expiration Dat (Month/Day/Y	Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right buy)	to \$ 64.95					12/15/2006	11/02/2012	Common Shares	3,398	
Option (right buy) (1	to \$61.79					11/02/2006	11/02/2012	Common Shares	3,398	
Option (right buy)	to \$63.48					11/08/2007	11/08/2013	Common Shares	3,308	
Phanto Stock	(4)	08/08/2007		A	256	<u>(4)</u>	<u>(4)</u>	Common Shares	256	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DARDEN CALVIN 11235 STROUP RD. ROSWELL, GA 30075	X					

Signatures

Aneezal H. Mohamed, Attorney-in-fact 08/08/2007

**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).
- $(1) \quad \text{Stock option granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.}$
- (2) Stock option granted pursuant to the Cardinal Health, Inc. Outside Directors Equity Incentive Plan.
- (3) Phantom stock held under the Company's Deferred Compensation Plan.
- (4) Each share of phantom stock is the economic equivalent of one common share. The shares of phantom stock become payable, in cash or common shares, at the election of the reporting person, at least six months after termination from board service.

Reporting Owners 2

Edgar Filing: CARDINAL HEALTH INC - 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. 2,528 D

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

DAVIS SUSAN F
1900 WEST LOOP SOUTH
SUITE 1500
HOUSTON, TX 77027

Signatures

John J. Mannion, Power of Attorney

12/05/2007

**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).
- (2) Conversion price is 1-for-1.
 - All units credited under the Deferred Compensation Plan are 100% vested at all times; provided, however, that if a participant receives a benefit from the Deferred Compensation Plan for any reason other than death, disability or retirement within three years after a deferral is
- (3) credited to a participant's account, any matching awards made by the Company with respect to such deferral will be forfeited. Distributions under the Deferred Compensation Plan are made beginning on a specified date selected bythe participant or upon a participant's death, disability, or termination of employment.
- (1) Represents units credited to a participant's account under the Deferred Compensation Plan as a result of the Company's 20% matching award of the participant's deferral of income or fees, as the case may be.
- (6) The restricted stock unit will vest immediately, but will not be payable until death, disability or cessation of service on the board or change of control.
- (5) Each restricted stock unit represents a contingent right to receive cash in an amount equivalent to the value of one share of NX common stock.
- (4) Units that are credited to the participants account under the Quanex Corporation Deferred Compensation Plan as a result of the participant's deferral of income or fees, as the case may be.

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.