CARDINAL HEALTH INC

Form 4

August 03, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5 D 1 (* 1 * CD - (* D - () (

Estimated average

burden hours per

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

CONRADES GEORGE H Symbol								5. Relationship of Reporting Person(s) to Issuer			
g			CARDINAL HEALTH INC [CAH]				[CAII]	(Check all applicable)			
(Last) 8 CAMBR	(First) IDGE CENTER	(Middle)		of Earliest /Day/Year) 2005		n		X Director Officer (pelow)	give titlebelow		
CAMBRIE	(Street) OGE, MA 02142			nendment, i	Ü	nal			e)	ing Person	
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Sec	urities A	Person cquired, Dispose	d of, or Bene	ficially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Do (Instr. 3,	spose	d of (D)	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								1,000	D		
Common Shares	08/03/2005			A	100	A	\$ 59.95	1,635	I	By Deferred Compensation Plan	

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.

Edgar Filing: CARDINAL HEALTH INC - Form 4

$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 8 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (1)	\$ 33.209					12/01/1999	12/01/2009	Common Shares	4,517	
Option (right to buy) (2)	\$ 62.5					11/01/2000	11/01/2010	Common Shares	3,200	
Option (right to buy) (2)	\$ 63.9					11/07/2001	11/07/2011	Common Shares	3,912	
Option (right to buy) (1)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	1,843	
Option (right to buy) (2)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	1,728	
Option (right to buy) (1)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,842	
Option (right to buy) (2)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,242	
Option (right to buy) (1)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	3,094	
Option (right to buy) (2)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	2,441	

8. Pri Deriv Secur (Instr

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
CONRADES GEORGE H							
8 CAMBRIDGE CENTER	X						
CAMBRIDGE MA 02142							

Signatures

George H.
Conrades

**Signature of Reporting Person

O8/03/2005

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) Stock options granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (2) Stock options granted pursuant to the Cardinal health, Inc. Outside Directors Equity Incentive Plan.

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.

Reporting Owners 3