### Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAI Form 4	L HEALTH INC										
	05 2006										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL OMB 3235-028 Number:			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Expires:January 312005Estimated averageburden hours perresponse0.5				
(Print or Type	Responses)										
Walsh Daniel J S			Symbol	r Name <b>and</b> NAL HE			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
7000 CARI	DINAL PLACE		(Month/D 09/02/2	•				Director X Officer (give below) EVP, Chf I		Owner er (specify Offcr	
Filed(Mon			ndment, Date Original hth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
DUBLIN, (	OH 43017							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	<ul> <li>Execution</li> <li>any</li> </ul>	med on Date, if Day/Year)		(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares	09/02/2006			Code V $F_{\underline{(1)}}$	Amount 308	(D) D	Price \$ 68.02	8,169	D		
Common Shares								358	Ι	By ESPP	

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

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (2)	\$ 59.16					05/18/2008	05/18/2015	Common Shares	5,000	
Option (right to buy) (2)	\$ 58.88					(3)	09/02/2012	Common Shares	20,229	
Option (right to buy) (4)	\$ 66.34					(5)	08/15/2013	Common Shares	18,107	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Walsh Daniel J 7000 CARDINAL PLACE DUBLIN, OH 43017			EVP, Chf Ethcs & Compl Offcr				
<b>A</b> 1 <b>·</b>							

# Signatures

\*\*Signature of

Reporting Person

Daniel J. Walsh 09/05/2006

# **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Represents withholding of shares to satisfy tax withholding obligations of reporting person in connection with settlement of 963 restricted (1) share units.
- (2) Stock option granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (3) Stock option vests in four equal annual installments beginning on 9/2/2006.
- (4) Stock option granted pursuant to the Cardinal Health, Inc. 2005 Long-Term Incentive Plan, as amended.

#### **Reporting Owners**

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(5) Stock option vests in four equal annual installments beginning on 8/15/2007.

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.