### JONES CLAYTON M Form 3 September 17, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

### 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 <u>*</u> JONES CLAYTON M		ate of Event Requiring ement nth/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]						
(Last) (First) (I	Middle) 09/1	3/2012	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer 10% Owner Officer Other (give title below) (specify below)			<ul> <li>5. If Amendment, Date Original Filed(Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person</li> </ul>			
7000 CARDINAL PLAC (Street) DUBLIN, OH 43017	E				6. Ind Dwner Filing _X_Fo w) Person Fo				
(City) (State)	(Zip)	Table I - N	lon-Derivati	ve Securitie	es Benefici	eneficially Owned			
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Beneficial			
Reminder: Report on a separate owned directly or indirectly.	line for each clas	ss of securities benefic	ially SE	EC 1473 (7-02)					
informat required currently	ion contained to respond ur y valid OMB co	to the collection of in this form are not nless the form displ ontrol number. Beneficially Owned ( <i>e</i>	ays a	warrants, opti	ions, convert	ible securities)			
1. Title of Derivative Security (Instr. 4)	2. Date Exe Expiration (Month/Day/Yea	Date Securiti	and Amount of es Underlying ive Security	4. Conversio or Exercis Price of		(Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

# **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships				
1 0		10% Owner	Officer	Other		
JONES CLAYTON M 7000 CARDINAL PLACE DUBLIN, OH 43017	ÂX	Â	Â	Â		
Signatures						
Elaine S. Natsis	09/17/2012					
<b>**</b> Signature of Reporting Person	Date					

## **Explanation of Responses:**

#### No securities are beneficially owned

\* 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).

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.