## Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL HEALTH INC					
Form 4					
November 07, 2016					
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION	OMB APPROVAL				
Washington, D.C. 20549	OMB Number:	3235-0287 January 31,			
Check this box if no longer	Expires: Ja				
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Estimated aver	2005 rade			
SECUDITIES	burden hours per				
	response	0.5			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,					
may continue. Section 17(a) of the Public Othry Holding Company Act of 1955 of Section					
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).					
(Print or Type Responses)					
1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading       5. Relationship of Re	eporting Person(	(s) to			
DARDEN CALVIN Symbol Issuer	Issuer				
CARDINAL HEALTH INC [CAH]	(Check all applicable)				
(Last) (First) (Middle) 3. Date of Earliest Transaction	(Check all applicable)				
(Month/Day/Year)X_ Director	X_ Director10% Owner Officer (give titleOther (specify below) below)				
(Street) 4. If Amendment, Date Original 6. Individual or Joint	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line)	Applicable Line) _X_ Form filed by One Reporting Person				
DUBLIN, OH 43017					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, o	or Beneficially (	Owned			
1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6.	Ownership 7.1	7. Nature of Indirect Beneficial Ownership			
	·				
	Following (Instr. 4) (In				
(A) Reported					
OF (Instr 3 and 4)					
Code V Amount (D) Price					
Common         11/03/2016         A $2,447$ A         \$ 0         27,066         D           Shares         (1)         A         \$ 0         27,066         D					

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNum	ber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise	· · ·	any	Code	of		(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative	e		Secur	ities	(Instr. 5)	Bene
	Derivative			(		rities				. 3 and 4)	(	Owne
	Security				Acqu				(mou	. 5 und 1)		Follo
	Security				(A) (							Repo
												Trans
					Disp							
					of (E	·						(Instr
					(Inst							
					4, an	d 5)						
				Code V	(A)	(D)	Date	Expiration	Title	Amount		
				00000	(11)	(2)	Exercisable	Date	11000	or		
							Excleisable	Dute		Number		
										of		
										Shares		
										Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DARDEN CALVIN 7000 CARDINAL PLACE DUBLIN, OH 43017	Х						
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		11/07/2016					
**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) Grant of restricted share units that will vest on November 3, 2017, except if the 2017 Annual Meeting of Shareholders is prior to November 3, 2017, then the restricted share units will vest on the date of the 2017 Annual Meeting of Shareholders.

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.