Edgar Filing: MORRISON PATRICIA - Form 4

MORRISON Form 4	N PATRICIA										
February 16									OMB AF	PROVAL	
FORM	UNITEDS		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Check this box if no longer Section 16. Section 16. Check this box if no longer Section 16. Check 16.											
(Print or Type	Responses)										
MORRISON PATRICIA Symbo				r Name and NAL HE			-0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	liddle)	3. Date of	f Earliest Tr	ansaction				x all applicable)	
(Mon 7000 CARDINAL PLACE 02/1				0ay/Year) 018				Director 10% Owner X Officer (give title Other (specify below) below) Chief Information Officer			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
DUBLIN, O	OH 43017							Form filed by M Person	ore than One Rej	porting	
(City)	(State) (Zip)	Tabl	e I - Non-D	Derivative S	Securi	ities Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	02/14/2018			S	28,532	D	\$ 66.3 (1)	36,157	D		
Common Shares	02/15/2018			F(2)	1,179	D	\$ 67.34	34,978	D		

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MORRISON PATRICIA 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Information Officer				
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		02/16/2018					

Attorney-in-fact <u>**</u>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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$66.01 to \$66.79, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or

- (1) to 300.79, inclusive. The reporting person undertakes to provide to Cardinar Health, inc., any security holder of Cardinar Health, inc., of the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote 1 to this Form 4.
- (2) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 3,804 restricted share units.

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.