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

#### CARDINAL HEALTH INC

Form 4

February 17, 2005

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

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Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Shares

Shares

(Print or Type Responses)

1. Name and ADAVIDS J	2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)					
(Last) 7000 CARI	(First) (I	Middle)	3. Date of (Month/E) 02/16/20	· ·				(Check all applicable)  Director 10% OwnerX_ Officer (give title Other (specify below) EVP & CIO			
				endment, D nth/Day/Yea	Č	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own								y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed onth/Day/Year) Execution Date any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5) (Instr. 8)			ed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	02/16/2005			Code V M	Amount 5,000	(D)	Price \$ 32.959	6,000	D		
Common Shares	02/16/2005			S	5,000	D	\$ 56.9	1,000	D		

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

By 401(k)

By ESPP

plan

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707

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SEC 1474 (9-02)

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

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)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy) (1)	\$ 32.959	02/16/2005		M		0.333	01/25/2003	01/25/2010	Common Shares	5,000
Option (right to buy) (2)	\$ 66.083						11/20/2003	11/20/2010	Common Shares	13,983
Option (right to buy) (2)	\$ 68.1						11/19/2004	11/19/2011	Common Shares	19,520
Option (right to buy) (2)	\$ 67.9						11/18/2005	11/18/2012	Common Shares	19,982
Option (right to buy) (2)	\$ 58.81						02/24/2006	02/24/2013	Common Shares	5,000
Option (right to buy) (2)	\$ 61.38						11/17/2006	11/17/2013	Common Shares	5,000
Option (right to buy) (2)	\$ 61.38						11/17/2006	11/17/2013	Common Shares	29,325
Option (right to buy) (2)	\$ 44.15						08/23/2007	08/23/2014	Common Shares	41,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DAVIDS JODY R 7000 CARDINAL PLACE DUBLIN, OH 43017

**EVP & CIO** 

## **Signatures**

Jody R. Davids 02/17/2005

\*\*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) Stock option granted pursuant to the Cardinal Health, Inc. Broadly-based Equity Incentive Plan.
- (2) Stock option granted pursuant to the Cardinal Health, Inc. 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.

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