## Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL Form 4 August 07, 1	L HEALTH INC												
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	<b>A 4</b> UNITED his box lger 50 16. or 51 50 51 51 51 51 51 51 51 51 51 51	<b>MENT O</b> rsuant to S (a) of the l	Wa F CHAN Section I Public U	NGES IN SECU 16(a) of t	h, D.( I BEI RITI he Se Iding	C. 20 NEFI ES ccurit Com	<b>549</b> ICIAL ies Exc ipany A	<b>OW</b> chang Act o	COMMISSI /NERSHIP ( ge Act of 193 of 1935 or Sec 940	<b>DF</b> 54,	OMB Number: Expires: Estimated burden hou response	Janua average urs per	-0287
(Print or Type 1. Name and FINN JOH	Address of Reporting	Person <sup>*</sup>	Symbol	er Name <b>an</b> INAL HI			-	(HI	5. Relationshi Issuer	ip of I	Reporting Per	son(s) to	
(Last) (First) (Middle) 7000 CARDINAL PLACE			3. Date of Earliest Transaction (Month/Day/Year) 08/06/2014						(Check all applicable) <u>X</u> Director Officer (give title below) <u>L</u> 10% Owner Dother (specify below)				
(Street) DUBLIN, OH 43017			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>					
(City)	(State)	(Zip)	Tab	ole I - Non-	Deriv	ative	Securitie	es Ac	quired, Dispose	ed of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	onAcq Disp (Inst	bosed of tr. 3, 4	(A) or of (D) and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership rm: Direct ) or Indirect hstr. 4)	7. Nature Indirect Benefici: Ownersh (Instr. 4)	al 1ip
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	P ir re d	erson nform equire	ns who lation c ed to re ys a cul	resp onta espoi	indirectly. bond to the co ined in this fo nd unless the tly valid OMB	orm a form	re not	SEC 1474 (9-02)	

## 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. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5)

	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	<u>(2)</u>	08/06/2014	А		212		(2)	(2)	Common Shares	212	\$ 70.6 (3)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
topoting office rand, radios	Director	10% Owner	Officer	Other					
FINN JOHN F 7000 CARDINAL PLACE DUBLIN, OH 43017	Х								
Signatures									
/s/ Elaine S. Natsis, Attorney-in-fact		08/07/2014							
**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) Phantom stock held under the Cardinal Health Deferred Compensation Plan.

Acquisition of shares of phantom stock under the Cardinal Health Deferred Compensation Plan that become payable in cash after the(2) reporting person's termination of service as a director. Share amounts reported reflect the notional number of shares attributable to the reporting person's account under a unitized stock fund.

(3) Price is the closing share price on August 5, 2014.

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.