## Edgar Filing: CARDINAL HEALTH INC - Form 4

CARDINAL	HEALTH INC	2										
Form 4	2016											
February 17,	_									OMB A	PPROVAL	
FORM	UNITE	) STATES				ND EXC D.C. 205		NGE (	COMMISSION		3235-0287	
Check this box if no longer subject to STATEMENT OF CHANC				GES IN BENEFICIAL OWNERSHIP O SECURITIES					NERSHIP OF	Expires: January 31 2005 Estimated average burden hours per		
Form 5 obligation may cont See Instru 1(b).	Filed puncture Filed	7(a) of the		ility Ho	ldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n response	0.5	
(Print or Type F	Responses)											
MORRISON PATRICIA Symbol				r Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of (Month/				te of Earliest Transaction th/Day/Year) 5/2016					(Check all applicable) <u>X</u> Director <u>X</u> Officer (give title <u>10%</u> Owner (specify below) Chief Information Officer			
				mendment, Date Original 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> </ul>			
DUBLIN, O	OH 43017								Form filed by M Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	emed on Date, if /Day/Year)	Code (Instr. 8	3)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares	02/15/2016			A <u>(1)</u>		7,609	A	\$0	45,729	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			
MORRISON PATRICIA 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Information Officer				
Signatures							
/s/ Elaine S. Natsis, Attorney-in-fact		02/17/2016					
**Signature of Reporting Person		Date					
Explanation of Boononooo							

## 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 vest in two equal annual installments on the second and third anniversaries of the grant date.

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.