WATKINS CAROLE S

Form 4

September 30, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

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OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * WATKINS CAROLE S			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer				
(Last)		Middle)	3. Date of (Month/D	f Earliest Ti Oay/Year)	ransaction			(Check all applicable) Director 10% Owner				
7000 CARDINAL PLACE			09/26/2008					X Officer (give title Other (specify below) Chief HR Officer				
				endment, Da nth/Day/Year	ate Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DUBLIN, C	OH 43017							Form filed by M Person	fore than One Re	porting		
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4)	sposed	of (D)	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	09/26/2008			A	16,854 (1)	A	\$ 49.84	38,488	D			
Common Shares								2,109	I	By 401(k) Plan		
Common Shares								3,234	I	By ESPP		

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

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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. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber Expiration		ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities		(Instr.	3 and 4)		Owne	
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration Date		or Namel		
						Exercisable		Title Number			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WATKINS CAROLE S 7000 CARDINAL PLACE DUBLIN, OH 43017

Chief HR Officer

Signatures

Carole S.

Watkins 09/30/2008

**Signature of Date Reporting Person

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) Restricted Share Units award granted under the Cardinal Health, Inc., 2005 Long-Term Incentive Plan, as amended, with an effective date of October 15, 2008. Award granted without payment by grantee, in connection with a plan to separate the Clinical and Medical Products businesses by means of a spin-off of those businesses to its shareholders (the "Spin-Off"), and would vest on the earliest of (a) the Spin-Off, (b) determination by the Board not to proceed with the Spin-Off, or (c) October 15, 2010.

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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