Edgar Filing: CARDINAL HEALTH INC - Form 4

Form 4 October 08, FORM Check th if no lon subject t Section	A 4 UNITED ST his box ger o STATEME 16.	Washington, D.C. 20549 IENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per			
Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	Filed pursua ons Section 17(a) of tinue.	response 0.5 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									
(Print or Type Responses)											
	Address of Reporting Per ROBERT D	Symbol	Lecuar				ssuer	tionship of Reporting Person(s) to (Check all applicable)			
(Last) 330 W. SPF 400	(First) (Midd	(Month/	10/06/2008 -					_XDirector10% Owner Officer (give titleOther (specify elow) below)			
	(Street)		Filed(Month/Day/Year)				. Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting				
COLUMBUS, OH 45215 Person											
(City) 1.Title of Security (Instr. 3)	2. Transaction Date 2A (Month/Day/Year) Ex an	2. Transaction Date 2A. Deemed			Code (Instr. 3, 4 and 5)				y Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	10/06/2008		Code V M	Amount 562,500	or (D) A	Price \$ 31.167	Transaction(s) (Instr. 3 and 4) 1,981,484	(Instr. 4) D			
Common Shares	10/06/2008		F	450,249	D	\$ 46.12	1,531,235	D			
Common Shares							4,016	Ι	By ESPP		
Common Shares							250,906	I	By GRAT IX		
Common Shares							282,600	Ι	By LLC (1)		

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Common Shares	308,039	Ι	By GRAT X
Common Shares	205,100	Ι	By LLC II <u>(1)</u>
Common Shares	461,718	Ι	By GRAT XI
Common Shares	218,400	Ι	By LLC III <u>(1)</u>
Common Shares	662,113	Ι	By GRAT XII
Common Shares	383,726	Ι	By GRAT XIII

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	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration I	6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities	
Security	or Exercise		any	Code	of	(Month/Day	/Year)	(Instr. 3 and	4)	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivat					(Instr
	Derivative Security				Securiti Acquire					
	Security				(A) or	u				
					Dispose	d				
					of (D)					
					(Instr. 3	,				
					4, and 5)				
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy)	\$ 31.167	10/06/2008		М	1	(2)	11/15/2009	Common Shares	562,500	<u>(</u>

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

WALTER ROBERT D 330 W. SPRING STREET SUITE 400 COLUMBUS, OH 43215

Signatures

Aneezal H. Mohamed, Attorney-in-fact

10/08/2008

**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) The reporting person holds the controlling interest in, and is the sole manager of the LLC.
- (2) Stock option vested in three equal annual installments beginning on November 15, 2000.
- (3) Stock option was disposed of in connection with its exercise for no additional consideration beyond the option shares.

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.