#### Edgar Filing: CareFusion Corp - Form 4

Form 4	Corp										
December 1	4, 2009										
FORM	14		GEGU			<b>TT A N</b>				PROVAL	
	UNITED	SIAIES			AND EXC , D.C. 205		GE CU	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con See Instr 1(b).	MENT O rsuant to S (a) of the 30(h)	F CHAN Section 1 Public U	GES IN SECUE	Expires: January 3 20 Estimated average burden hours per response 0							
(Print or Type)	Responses)										
1. Name and Address of Reporting Person <u>*</u> CARDINAL HEALTH INC			2. Issuer Name <b>and</b> Ticker or Trading Symbol CareFusion Corp [CFN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date o	۔ f Earliest T	ransaction			(Check	all applicable	)	
7000 CARI	DINAL PLACE		(Month/I 12/10/2	Day/Year) 2009			- - ł	Director Officer (give t pelow)	itle $\_X\_10\%$ below)	Owner or (specify	
	(Street)			endment, D nth/Day/Yea	ate Original r)		1	5. Individual or Joi Applicable Line) _X_ Form filed by O		-	
DUBLIN, O	OH 43017						Ī	Form filed by Me Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecuriti	ies Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed				es Acqu d of (D	uired (A)	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 Stock, par value \$0.01 per share	12/10/2009			Code V	106,000	D	\$ 24.08 (1)	40,288,836	D		
Common Stock, par value \$0.01 per share	12/11/2009			S	236,000	D	\$ 24.52 (2)	40,052,836	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
CARDINAL HEALTH INC 7000 CARDINAL PLACE DUBLIN, OH 43017		Х					

## Signatures

/s/ Stephen T. Falk, Corporate Secretary, on behalf of Cardinal Health, Inc.

\*\*Signature of 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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.84 to \$24.34, inclusive. The reporting person undertakes to provide to CareFusion Corporation, any security holder of CareFusion

- (1) Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.15 (2)to \$24.64, inclusive.

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.

12/14/2009

Date