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LAWS STU	ART G									
Form 4										
August 17, 2	2017									
FORM	14							OMB AF	PPROVAL	
	UNITED		SECURITIES AND EXCHANGE C Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check th if no long								Expires:	January 31, 2005	
subject to		IENT OF CH	ANGES IN	BENEF	ICIA	LOW	NERSHIP OF Estimated average			
	Section 16. SECURITIES						burden hou			
Form 4 c							response	0.5		
Form 5 obligatio	-					-	e Act of 1934,			
may cont			•	•	-	•	f 1935 or Section	n		
See Instr	uction	30(h) of th	e Investmen	t Compai	ny Ac	ct of 194	10			
1(b).										
(Print or Type l	Responses)									
(I fint of Type)	(cesponses)									
1. Name and A	Address of Reporting	Person [*] 2 I	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
LAWS STU			Symbol				Issuer			
			CARDINAL HEALTH INC [CAH]							
(Last)	(First)						(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner			
			08/15/2017				XOfficer (give titleOther (specify			
CARDINA		00,1	10/10/2017				below) below) SVP & Chief Accounting Officer			
								-		
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, OH 43017 Form filed by More than One Reporting										
DODLIN, C							Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Secur	ities A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)			ion(A) or D	-		Securities	Form: Direct (D) or		
(Instr. 3)	(Instr. 3) any		Code (Instr 8)	(Instr. 3,	4 and	.5)	Beneficially Owned	Beneficial		
		(Month/Day/Y	ear) (Instr. 8)	1			Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
					(A)		Reported		× ,	
					(A) or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	08/15/2017		$A^{(1)}_{}$	1,254	А	\$0	5,414	D		
Shares	00/10/2017		11	1,234	11	ψυ	5,111			
G						\$				
Common	08/15/2017		F(2)	855	D	66.76	4,559	D		
Shares						(3)				

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and Underlying (Instr. 3 and	Securities	8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 66.43	08/15/2017		А	6,149	<u>(4)</u>	08/15/2027	Common Shares	6,149	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LAWS STUART G CARDINAL HEALTH, INC. 7000 CARDINAL PLACE DUBLIN, OH 43017			SVP & Chief Accounting Officer				
Signatures							

/s/ Elaine S. Natsis,	
Attorney-in-fact	08/17/2017
**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) Grant of restricted share units ("RSUs") that vest in three equal annual installments beginning on August 15, 2018.
- Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 1,053 (2) RSUs and 1,552 performance share units.
- (3) Reflects closing price on prior business day.
- (4) Stock option vests in three equal annual installments beginning on August 15, 2018.

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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