CARDINAL HEALTH INC

Form 4

February 03, 2005

FORM 4

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

OMB 3235-0287 Number:

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OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

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Form 4 or Form 5 obligations may continue.

See Instruction

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

2. Issuer Name and Ticker or Trading

response...

5. Relationship of Reporting Person(s) to

1(b).

Common

Shares

(Print or Type Responses)

1. Name and Address of Reporting Person *

02/01/2005

BING DAVID			Symbol CARDINAL HEALTH INC [CAH]				Issuer				
(Last)	(First)		3. Date of Earliest Transaction				(Check all applicable) X Director 10% Owner				
11500 OAKLAND AVENUE			(Month/Day/Year) 02/01/2005					(give title belo	_ Other (specify		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
DETROIT	, MI 48211						Person	by More than (One Reporting		
(City)	(State)	(Zip)	Table I - Non-	Derivative	e Secu	ırities A	cquired, Dispos	ed of, or Bene	eficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			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 Beneficia Ownership (Instr. 4)		
C						Ф			By Deferred		

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

A

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Compensation

Plan

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

180

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy) (1)	\$ 38.75					05/11/2000	05/11/2010	Common Shares	3,870	
Option (right to buy) (2)	\$ 38.75					05/11/2000	05/11/2010	Common Shares	2,580	
Option (right to buy) (2)	\$ 62.5					11/01/2000	11/01/2010	Common Shares	3,200	
Option (right to buy) (2)	\$ 63.9					11/07/2001	11/07/2011	Common Shares	3,912	
Option (right to buy) (2)	\$ 70.01					11/06/2002	11/06/2012	Common Shares	3,571	
Option (right to buy) (1)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,842	
Option (right to buy) (2)	\$ 59					11/05/2003	11/05/2013	Common Shares	2,242	
Option (right to buy) (1)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	3,094	
Option (right to buy) (2)	\$ 54.2					12/08/2004	12/08/2014	Common Shares	2,441	

Reporting Owners

Reporting Owner Name / Address Relationships

Reporting Owners 2

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Director 10% Owner Officer Other

BING DAVID 11500 OAKLAND AVENUE X DETROIT, MI 48211

Signatures

Dave Bing 02/02/2005

**Signature of 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) Stock options granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
- (2) Stock options granted pursuant to the Cardinal Health, Inc. Outside Directors Equity Incentive Plan.

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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