

CARDINAL HEALTH INC  
 Form 3  
 November 17, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â MORRISON PATRICIA		(Month/Day/Year)	CARDINAL HEALTH INC [CAH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		11/05/2014		
7000 CARDINAL PLACE			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Information Officer	
DUBLIN,Â OHÂ 43017			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	30,797	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

Edgar Filing: CARDINAL HEALTH INC - Form 3

				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	08/15/2021	Common Shares	36,042	\$ 41.6	D	Â
Employee Stock Option (right to buy)	Â (2)	08/15/2022	Common Shares	43,959	\$ 39.81	D	Â
Employee Stock Option (right to buy)	Â (3)	08/15/2023	Common Shares	34,158	\$ 51.49	D	Â
Employee Stock Option (right to buy)	Â (4)	08/15/2024	Common Shares	24,611	\$ 71.43	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MORRISON PATRICIA 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	Â Chief Information Officer	Â

## Signatures

/s/ James E. Barnett,  
Attorney-in-fact

11/17/2014

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) These options are currently exercisable.
- (2) Two-thirds of these options are currently exercisable, and one-third will vest on 8/15/2015.
- (3) One-third of these options are currently exercisable, one-third will vest on 8/15/2015, and one-third will vest on 8/15/2016.
- (4) These options vest in three equal annual installments beginning on 8/15/2015.

Â

### Remarks:

EXHIBIT LIST: EX-24 Morrison POA

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.