## Edgar Filing: MCKESSON CORP - Form 4

MCKESSON	I CORP												
Form 4													
July 15, 2016	5												
FORM	1										PPROVAL		
	UNITE	D STATE:				ND EX( D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi			2 .							Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWN				LOW	NERSHIP OF		ated average		
Section 1				SECU	RI	TIES				burden hou			
Form 4 or							_		response 0.5				
Form 5 obligatior	<b>1</b> 0							-	ge Act of 1934,				
may conti				•		•	- ·		f 1935 or Sectio	n			
See Instru	iction	30(n)	) of the Inv	vestmer	nt C	ompan	y Act	OI 194	40				
1(b).													
(Print or Type R	(esponses)												
1. Name and A	ddress of Reportir	ng Person <u>*</u>	2. Issuer	Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to				
BEER JAMES A Symbol									Issuer				
				KESSON CORP [MCK]					(Chec	k all applicable	a)		
(Last) (First) (Middle) 3. Date of				te of Earliest Transaction					(Check all applicable)				
			(Month/D	onth/Day/Year)					Director 10% Owner				
ONE POST STREET 07/14/2			07/14/20	/14/2016					X Officer (give title Other (specify below) below)				
									/	nief Financial C	Officer		
	(Street)		4. If Ame	ndment. I	Date	e Original			6. Individual or Jo	oint/Group Filii	1g(Check		
			(Month/Day/Year)					Applicable Line)					
									_X_ Form filed by (				
SAN FRAN	CISCO, CA 94	104							Form filed by N Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Tabl	a I - Non	-Do	rivativa (	locuri	tios A c	quired, Disposed of	f or Banaficial	lly Owned		
1 77.4								its At			-		
1.Title of Security	2. Transaction E (Month/Day/Yea		eemed 3. 4. Securities tion Date, if TransactionAcquired (A) or					r		6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(intointii, Duy, 10	any	· · · · · · · · · · · · · · · · · · ·		Code Disposed of (D)				Beneficially		Beneficial		
		(Month	(Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			5)			Ownership		
									Following Reported	(Instr. 4)	(Instr. 4)		
							(A)		Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					•	5,500		\$		-			
Stock	07/14/2016			S		<u>(1)</u>	D	199	12,412	D			

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)

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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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
	Director	10% Owner	Officer	Other				
BEER JAMES A ONE POST STREET SAN FRANCISCO, CA 94104			EVP & Chief Financial Officer					
Signatures								
Donna Spinola, Attorney-in-fact	07/2	15/2016						

<u>\*\*</u>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) Sale pursuant to a previously adopted plan, intended to comply with Rule 10b5-1(c).

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.