#### MCKESSON CORP Form 3 October 22, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **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<br>Person <u>*</u><br>SALKA SUSAN R |  | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)                 | 3. Issuer Name and Ticker or Trading Symbol<br>MCKESSON CORP [MCK] |  |                              |   |  |  |
|--|--|---|--|--|------------------------------|---|--|--|
| (Last) (First  | (Middle)                               | 10/20/2014  | 4. Relationship of Reporting Person(s) to Issuer                   |  |                              | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |
| ONE POST STRE  | ET                                     |   |  |  |                              | · · · ·   |  |  |
| (Stree   | et)                                    |   | (Check all applicable)   |  | 6. Individual or Joint/Group |   |  |  |
| SAN<br>FRANCISCO, C  | CAÂ 94104                              |   | X Director<br>Officer<br>(give title below                         | Other  |                              | Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |  |
| (City) (State  | e) (Zip)                               | Table I - N   | lon-Derivati   | ve Securiti  | es Bei                       | neficially Owned  |  |  |
| 1.Title of Security<br>(Instr. 4)                                    |  | 2. Amount of<br>Beneficially<br>(Instr. 4)                                  |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr.    | 1   |  |  |
| Common Stock   |  | 0   |  | D  | Â                            |   |  |  |
| owned directly or indi   | ectly.                                 | h class of securities benefici  | ially SE   | EC 1473 (7-02  | )                            |   |  |  |
| i<br>r   | nformation contai<br>equired to respor | ined in this form are not<br>ad unless the form displa<br>B control number. |  |  |                              |   |  |  |

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security 2. Date Exercisable   (Instr. 4) Expiration Date   (Month/Day/Year) (Month/Day/Year) |                     | Date               | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                        | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|--|---------------------|--------------------|--|------------------------|---|--|---|
|  | Date<br>Exercisable | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative<br>Security                      | · · · · · · · · · · · · · · · · · · ·    |   |

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                       | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| SALKA SUSAN R<br>ONE POST STREET<br>SAN FRANCISCO, CA 94104 | ÂX            | Â         | Â       | Â     |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| Donna Spinola,<br>Attorney-in-fact                          | 10/22/20      | )14       |         |       |  |  |  |
| **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).

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.