FINN JOHN F Form 4 May 05, 2010

### FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

1(b).

I(b)

(Print or Type Responses)

1. Name and Address of Reporting Person * FINN JOHN F			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			CARDINAL HEALTH INC [CAH]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	•		
			(Month/Day/Year)	X Director 10% Owner		
7000 CARDINAL PLACE			05/04/2010	Officer (give title Other (specify below)		
	(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		
DUDI IN O	LI /2017			Form filed by More than One Reporting		

**DUBLIN, OH 43017** 

(State)

(Zip)

2. Transaction Date 2A. Deemed

(City)

1.Title of

1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
3.	4. Securities	5. Amount of	6. Ownership	7. Nature of				
Transactio	nAcquired (A) or	Securities	Form: Direct	Indirect				
Code	Disposed of (D)	Beneficially	(D) or	Beneficial				
(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership				

Person

Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Dire (Instr. 3) Code Disposed of (D) Beneficially (D) or (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price (Hist. 3 and 4)

Common Shares 38,431 D

Common Shares 1,032 I By Spouse

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.

SEC 1474

(9-02)

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

(Instr. 4)

#### Edgar Filing: FINN JOHN F - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)		6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	ŕ	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	<u>(2)</u>	05/04/2010	A	407	(2)	(2)	Common Shares	407	\$ 35.3 (3)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1 6	Director	10% Owner	Officer	Other		
FINN JOHN F 7000 CARDINAL PLACE DUBLIN, OH 43017	X					

## **Signatures**

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

\*\*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) Phantom stock held under the Cardinal Health Deferred Compensation Plan, as amended and restated effective January 1, 2009 (as amended).
- (2) Each share of phantom stock is the economic equivalent of one common share. The shares of phantom stock become payable at least six months after termination of board service.
- (3) Price is the closing share price on May 3, 2010.

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.

Reporting Owners 2