Edgar Filing: Lynch Michael A - Form 4

Lynch Michael A Form 4 August 17, 2010UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Filed 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 30(h) of the Investment Company Act of 1940								OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)									
1. Name and A Lynch Micl	er Name and Ticker or Trading INAL HEALTH INC [CAH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			of Earliest Transaction /Day/Year) 2010				Director 10% Owner X Officer (give title 0ther (specify below) below) CEO, Medical Segment			
DUBLIN, O	endment, Date Original nth/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 Person 					
(City)	(State) (Zip) Tal	ole I - Non-l	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Ex	Fransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)		
Common Shares	08/15/2010		Code V F <u>(1)</u>	Amount 444	(D) D	Price \$ 31.36 (2)	(Instr. 3 and 4) 58,796	D		
Common Shares	08/15/2010		F <u>(3)</u>	1,157	D	\$ 31.36 (2)	57,639	D		
Common Shares (4)	08/16/2010		А	22,398	А	\$0	80,037	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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)

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. Transactio Code (Instr. 8)	5. Number of Derivative6. Date Exercisable and Expiration DateSecurities(Month/Day/Year)Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 30.94	08/16/2010		A	188,647	(5)	08/16/2017	Common Shares	188,64

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Lynch Michael A 7000 CARDINAL PLACE DUBLIN, OH 43017			CEO, Medical Segment				
Signatures							
/s/ James E. Barnett, Attorney-in-fact		08/17/201	0				

******Signature of Reporting Person

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).

Date

- (1) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 1,506 restricted shares.
- (2) Reflects closing price on prior business day.
- (3) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 3,011 restricted shares.
- (4) Grant of restricted share units that vest in three equal annual installments beginning on August 16, 2011.
- (5) The stock option vests in three equal annual installments beginning on August 16, 2011.

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.