Lynch Michael A Form 4 August 17, 2010

## FORM 4

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

**OMB** 

Check this box if no longer subject to

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**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Section 16. Form 4 or Form 5

Estimated average burden hours per response... 0.5

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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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1 Name and Address of Departing De

obligations

1(b).

1. Name and Address of Reporting Person ** Lynch Michael A			2. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 7000 CARDINAL PLACE		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2010					(Check all applicable)  Director 10% OwnerX_ Officer (give title Other (specify below)  CEO, Medical Segment				
		ndment, Da nth/Day/Year	_			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
DUBLIN, C	OH 43017							Person	fore than One Re	porting	
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deeme (Month/Day/Year) Execution 1 any (Month/Day		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Shares	08/15/2010			F(1)	444	D	31.36	58,796	D		
Common Shares	08/15/2010			F(3)	1,157	D	\$ 31.36 (2)	57,639	D		
Common Shares (4)	08/16/2010			A	22,398	A	\$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)

#### Edgar Filing: Lynch Michael A - Form 4

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## 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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Employee Stock Option (right to buy)	\$ 30.94	08/16/2010		A	188,647		<u>(5)</u>	08/16/2017	Common Shares	188,64

# **Reporting Owners**

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

08/17/2010

\*\*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) 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.

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