Edgar Filing: CareFusion Corp - Form 4

CareFusion Form 4	•									
September								OMB AP	PROVAL	
FOR	UNITED	STATES SECU W		AND EXCH n, D.C. 20549		E CON	MISSION	OMB Number:	3235-0287	
Check if no lo subject Section Form 4	to SIAIE 116.	MENT OF CHA	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						January 31, 2005 verage s per 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 19 30(h) of the Investment Company Act of 1940							response			
(Print or Type	e Responses)									
1. Name and CARDINA	Symbo	2. Issuer Name and Ticker or Trading Symbol CareFusion Corp [CFN]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle) 3. Date	of Earliest	Transaction			(Check	all applicable))	
7000 CARDINAL PLACE			(Month/Day/Year) 09/15/2010				DirectorX10% Owner Officer (give title Other (specify below)			
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN,	OH 43017						Form filed by Mo			
(City)	(State)	(Zip) Ta	ble I - Non	-Derivative Sec	urities	Acquire	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Date, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)		d (A) or	SecuritiesOwnershipBeneficiallyForm:OwnedDirect (D)Followingor Indirect		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common stock, par value \$0.01 per share	09/15/2010		S	30,464,012	D	\$ 23.17	0	D		

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

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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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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		Relations	nips				
	Director	10% Owner	Officer	Other			
CARDINAL HEALTH INC 7000 CARDINAL PLACE DUBLIN, OH 43017		Х					
Signatures							
/s/ Stephen T. Falk, Executive Vice President, General Counsel and Corporate Secretary, on behalf of Cardinal Health, Inc. 09/16/2010							
**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).

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.