Edgar Filing: FINN JOHN F - Form 4

FINN JOHN	F											
Form 4												
July 08, 2011												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi				8,					Expires:	January 31,		
if no long subject to		ENT O	F CHAN	GES IN I	BENEFI		LOW	NERSHIP OF	Estimated average			
Section 10				SECURITIES					burden hou			
Form 4 or										response 0.5		
Form 5 obligation	· ·							ge Act of 1934,				
may conti				•	•	· ·		f 1935 or Sectio	n			
See Instru	ction	30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type R	esponses)											
1. Name and A	ddress of Reporting I	Person <u>*</u>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
FINN JOHN F Symbol				-				Issuer				
			CARDI	DINAL HEALTH INC [CAH]				(Check all applicable)				
(Last)	(First) (N	liddle)	3. Date of Earliest Transaction					n un upprouero)				
			(Month/D	Day/Year)				XDirector10% Owner				
7000 CARDINAL PLACE 07/06/			07/06/20	/2011				Officer (give title Other (specify below)				
(Street) 4. If Am			4 If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check				
· · · · · · · · · · · · · · · · · · ·				Aonth/Day/Year)				Applicable Line)				
			× ×	, , , , , , , , , , , , , , , , , , ,				_X_ Form filed by				
DUBLIN, O	H 43017							Person	More than One Re	eporting		
(City)	(State) ((Zip)	Table	e I - Non-D	erivative	Securi	ities Acc	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A Dee		3.	4. Securi				6. Ownership	-		
Security	(Month/Day/Year)		on Date, if	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct				
(Instr. 3)		any					-	Beneficially	(D) or	Beneficial Ownership (Instr. 4)		
		(Month/	Day/Year)				5)	Owned Following	Indirect (I) (Instr. 4)			
						()		Reported	(Instr. I)	(Instr. I)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Shares	07/06/2011			S <u>(1)</u>	2,864	D	\$ 46.5	38,204	D			
Common								257	т	Dr. Second		
Shares								357	Ι	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.

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

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FINN JOHN F 7000 CARDINAL PLACE DUBLIN, OH 43017	Х						
Signatures							
/s/ James E. Barnett, Attorney-in-fact	07/08/2011						
**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) The sale reported on this Form 4 was effected pursuant to a 10b5-1 plan adopted by the reporting person on May 9, 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.