Kaufmann Michael C Form 4 October 28, 2011

Check this box

if no longer

Section 16.

Form 4 or

subject to

### FORM 4

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

OMB APPROVAL

Number: 3235-0287

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Kaufmann Michael C Issuer Symbol CARDINAL HEALTH INC [CAH] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify \_X\_\_ Officer (give title 7000 CARDINAL PLACE 10/26/2011 below) CEO, Pharmaceutical Segment (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 Form filed by More than One Reporting **DUBLIN, OH 43017** Person

(	City)	(State)	(Zip) Tabl	e I - Non-D	Perivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title Secur (Instr.	ity	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Com	mon es	10/26/2011		M(1)	2,000	A	\$ 27.29	80,652	D	
Com	mon es	10/26/2011		S <u>(1)</u>	2,000	D	\$ 44.95	78,652	D	
Com		10/27/2011		M(1)	53,158	A	\$ 27.29	131,810	D	
Com		10/27/2011		S(1)	41,164	D	\$ 44.95	90,646	D	
Com								32	I	By Spouse

#### Edgar Filing: Kaufmann Michael C - Form 4

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

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SEC 1474 (9-02)

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 or Derivative 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 or Number of Shares
Employee Stock Option (right to buy)	\$ 27.29	10/26/2011		M	2,000	(2)	09/15/2016	Common Shares	2,000
Employee Stock Option (right to buy)	\$ 27.29	10/27/2011		M	53,158	(2)	09/15/2016	Common Shares	53,158

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

Kaufmann Michael C 7000 CARDINAL PLACE DUBLIN, OH 43017

CEO, Pharmaceutical Segment

# **Signatures**

/s/ Michael C. 10/28/2011 Kaufmann

\*\*Signature of Reporting Date

Person

Reporting Owners 2

# **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 exercises and sales reported on this Form 4 were effected pursuant to a 10b5-1 plan adopted by the reporting person on February 9, 2011.
- The option, representing a right to purchase a total of 165,474 shares, vested and became exercisable 33% on September 15, 2010 and 33% on September 15, 2011. The remaining 33% vests on September 15, 2012.

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.