

CARDINAL HEALTH INC  
 Form 3  
 November 18, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Giacomini Jon L		(Month/Day/Year)	CARDINAL HEALTH INC [CAH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
7000 CARDINAL PLACE			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) CEO, Pharmaceutical Segment	
DUBLIN, Â OH Â 43017			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	15,584	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	09/15/2016	Common Shares	13,654	\$ 27.29	D	Â
Employee Stock Option (right to buy)	Â (1)	09/15/2016	Common Shares	16,100	\$ 27.29	D	Â
Employee Stock Option (right to buy)	Â (1)	08/16/2017	Common Shares	9,927	\$ 30.94	D	Â
Employee Stock Option (right to buy)	Â (1)	08/15/2021	Common Shares	23,270	\$ 41.6	D	Â
Employee Stock Option (right to buy)	Â (2)	08/15/2022	Common Shares	26,166	\$ 39.81	D	Â
Employee Stock Option (right to buy)	Â (3)	08/15/2023	Common Shares	21,349	\$ 51.49	D	Â
Employee Stock Option (right to buy)	Â (4)	08/15/2024	Common Shares	14,650	\$ 71.43	D	Â
Employee Stock Option (right to buy)	Â (5)	09/15/2024	Common Shares	24,037	\$ 74.96	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Giacomin Jon L 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	Â CEO, Pharmaceutical Segment	Â

## Signatures

/s/ Elaine S. Natsis,  
Attorney-in-fact

11/18/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) These options are currently exercisable.
- (2) Two-thirds of these options are currently exercisable and one-third will vest on 8/15/2015.
- (3) One-third of these options are currently exercisable, one-third will vest on 8/15/2015, and one-third will vest on 8/15/2016.
- (4) These options vest in three equal annual installments beginning on 8/15/2015.
- (5) These options vest in three equal annual installments beginning on 9/15/2015.

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### Remarks:

EXHIBIT LIST: EX-24 Giacomin POA

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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.