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

Lynch Michael A Form 4         Form 4         February 27, 2012         FORM 4         UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549         Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).       OMB APPROVAL         MB Subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       OMB APPROVAL         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 1(b).       State average burden hours per response         (print or Type Response)       State average burden hours per a)										
1. Name and Addi Lynch Michael	uer Name <b>an</b> 1 DINAL HE			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Date of			of Earliest T h/Day/Year) /2012	ransaction			Director 10% Owner XOfficer (give title Other (specify below) below) CEO, Medical Segment			
(Street) 4. If Amer Filed(Mon				ate Original r)	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, OH 43017 — Form filed by More than One Reporting Person							porting			
(City)	(State) (	Zip) T	ble I - Non-l	Derivative	Secur	ities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
	Transaction Date Aonth/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or		of (D) 5)	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)	
Common Shares 02	2/24/2012		М	232	А	\$ 22.9	89,409	D		
Common 02 Shares 02	2/24/2012		М	31,941	А	\$ 32.33	121,350	D		
Common 02 Shares 02	2/24/2012		S	40,173	D	\$ 41.59 (1)	81,177	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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	rivative Expiration Date curities (Month/Day/Year) quired (A) Disposed of str. 3, 4,		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)	\$ 22.9	02/24/2012		М	232	07/20/2010	07/20/2012	Common Shares	232
Employee Stock Option (right to buy)	\$ 32.33	02/24/2012		М	31,941	08/23/2007	08/23/2014	Common Shares	31,941

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	ss Relationships							
	Director	10% Owner	Officer	Other				
Lynch Michael A 7000 CARDINAL PLACE DUBLIN, OH 43017			CEO, Medical Segment					
Signatures								
/s/ James E. Barnett,		02/27/201	2					

Attorney-in-fact 02/27/2012

\*\*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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.41 to \$41.69, inclusive. The reporting person undertakes to provide to Cardinal Health, Inc., any security holder of Cardinal Health, Inc., or

(1) the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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