

Lynch Michael A  
 Form 3  
 September 02, 2009

**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 Lynch Michael A		(Month/Day/Year)	CARDINAL HEALTH INC [CAH]	
(Last)	(First)	(Middle)	08/31/2009	
7000 CARDINAL PLACE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
DUBLIN,Â OHÂ 43017			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			CEO, Medical Segment	

**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	38,126	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)	
Option (right to buy)	Â <u>(1)</u>	11/19/2011	Common Shares	14,945	\$ 68.1	D	Â
Option (right to buy)	Â <u>(1)</u>	11/18/2012	Common Shares	17,598	\$ 67.9	D	Â
Option (right to buy)	Â <u>(1)</u>	11/17/2013	Common Shares	18,699	\$ 61.38	D	Â
Option (right to buy)	Â <u>(1)</u>	08/23/2014	Common Shares	32,463	\$ 44.15	D	Â
Option (right to buy)	Â <u>(2)</u>	09/02/2012	Common Shares	29,176	\$ 58.88	D	Â
Option (right to buy)	Â <u>(3)</u>	08/15/2013	Common Shares	26,590	\$ 66.34	D	Â
Option (right to buy)	Â <u>(4)</u>	08/15/2014	Common Shares	19,406	\$ 67.26	D	Â
Option (right to buy)	Â <u>(5)</u>	08/15/2015	Common Shares	32,004	\$ 56.13	D	Â
Option (right to buy)	Â <u>(6)</u>	07/20/2012	Common Shares	236	\$ 31.27	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lynch Michael A 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	Â CEO, Medical Segment	Â

## Signatures

/s/ Aneezal H. Mohamed,  
Attorney-in-fact

09/02/2009

\*\*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) Three-quarters of these options are currently exercisable and one-quarter will vest on 9/2/2009.
- (3) Three-quarters of these options are currently exercisable and one-quarter will vest on 8/15/2010.
- (4) Two-thirds of these options are currently exercisable and one-third will vest on 8/15/2010.
- (5) One-third of these options are currently exercisable, one-third will vest on 8/15/2010, and one-third will vest on 8/15/2011.
- (6) These options will vest on 7/20/2010.

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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.