

CARDINAL HEALTH INC  
Form 4  
May 05, 2005

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
**BING DAVID**

(Last) (First) (Middle)

11500 OAKLAND AVENUE

(Street)

DETROIT, MI 48211

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
**CARDINAL HEALTH INC [CAH]**

3. Date of Earliest Transaction  
(Month/Day/Year)  
**05/04/2005**

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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	05/04/2005		A	190	A \$ 55.33 3,495	I	By Deferred Compensation Plan

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)**

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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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Underlying Securities (Instr. 3 and 4)	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy) <u>(1)</u>	\$ 38.75					05/11/2000	05/11/2010	Common Shares	3,870
Option (right to buy) <u>(2)</u>	\$ 38.75					05/11/2000	05/11/2010	Common Shares	2,580
Option (right to buy) <u>(2)</u>	\$ 62.5					11/01/2000	11/01/2010	Common Shares	3,200
Option (right to buy) <u>(2)</u>	\$ 63.9					11/07/2001	11/07/2011	Common Shares	3,912
Option (right to buy) <u>(2)</u>	\$ 70.01					11/06/2002	11/06/2012	Common Shares	3,571
Option (right to buy) <u>(1)</u>	\$ 59					11/05/2003	11/05/2013	Common Shares	2,842
Option (right to buy) <u>(2)</u>	\$ 59					11/05/2003	11/05/2013	Common Shares	2,242
Option (right to buy) <u>(1)</u>	\$ 54.2					12/08/2004	12/08/2014	Common Shares	3,094
Option (right to buy) <u>(2)</u>	\$ 54.2					12/08/2004	12/08/2014	Common Shares	2,441

## Reporting Owners

Reporting Owner Name / Address

Relationships

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Director 10% Owner Officer Other

BING DAVID  
11500 OAKLAND AVENUE X  
DETROIT, MI 48211

## Signatures

Dave Bing 05/04/2005

\*\*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) Stock options granted pursuant to the Cardinal Health, Inc. Equity Incentive Plan.
  - (2) Stock options granted pursuant to the Cardinal Health, Inc. Outside Directors Equity Incentive Plan.

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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