

Snow Ola M  
Form 3  
October 04, 2018

**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 Snow Ola M		(Month/Day/Year)	CARDINAL HEALTH INC [CAH]	
(Last)	(First)	09/28/2018		
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 OH Â 43017			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			Chief Human Resources Officer	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<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	10,710	D	Â
Common Shares	122	I	By 401(k) Plan

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

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Snow Ola M - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	08/15/2024	Common Shares	3,907	\$ 71.43	D	Â
Employee Stock Option (right to buy)	Â (1)	08/15/2025	Common Shares	5,230	\$ 84.27	D	Â
Employee Stock Option (right to buy)	Â (2)	08/15/2026	Common Shares	5,980	\$ 83.19	D	Â
Employee Stock Option (right to buy)	Â (3)	08/15/2027	Common Shares	6,457	\$ 66.43	D	Â
Phantom Stock	Â (4)	Â (4)	Common Shares	74	\$ (4)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Snow Ola M 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	Â Chief Human Resources Officer	Â

## Signatures

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

10/04/2018

\*\*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 8/15/2019.

(3) One-third of these options are currently exercisable, one-third will vest on 8/15/2019 and one-third will vest on 8/15/2020.

(4) Represents shares of phantom stock under the Cardinal Health Deferred Compensation Plan that become payable in cash after the reporting person's termination of service. Share amounts reported reflect the notional number of shares attributable to the reporting person's account under a unitized stock fund.

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### Remarks:

EXHIBIT LIST: EX-24 Snow POA

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.