Edgar Filing: Henderson Jeffrey William - Form 4

Henderson J Form 4 August 17, 2	effrey William									
									OMB APPROVAL	
							OMB Number:	3235-0287		
Check th if no lon	ger)X							January 31,	
subject t Section Form 4 c	o SIAIE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hour response	urs per	
Form 5 obligations may continue. See Instruction 1(b). 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 A Henderson	suer Name and Ticker or Trading ol DINAL HEALTH INC [CAH]				5. Relationship of Reporting Person(s) to Issuer					
<i>a</i>)	(First) (Mide					LAHJ	(Checl	k all applicable)	
(Last) 7000 CARI	e of Earliest Transaction h/Day/Year) 5/2011				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer					
DUBLIN, O	nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zij	^{p)} Tab	le I - Non-I	Derivative S	Securi	ities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	aı	A. Deemed xecution Date, if ny Month/Day/Year)	(A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership In Form: Direct Be (D) or O Indirect (I) (In (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(D)	Price				
Shares (1)	08/15/2011		А	20,942	А	\$0	130,666	D		
Common Shares	08/15/2011		F <u>(2)</u>	2,177	D	\$ 40.87 (<u>3)</u>	128,489	D		
Common Shares	08/16/2011		F <u>(4)</u>	3,032	D	\$ 41.6 (3)	125,457	D		
Common Shares							2,329	Ι	By ESPP	

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

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 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)	Expiration I (Month/Day	Date Exercisable and Diration Date Donth/Day/Year)		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)	\$ 41.6	08/15/2011		A	89,603	(5)	08/15/2021	Common Shares	89,603	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Henderson Jeffrey William 7000 CARDINAL PLACE DUBLIN, OH 43017			Chief Financial Officer				
Signatures							
/s/ Jeffrey W. Henderson	08/17/201	1					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Grant of restricted share units ("RSUs") that vest in three equal annual installments beginning on August 15, 2012.
- (2) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 6,813 RSUs.
- (3) Reflects closing price on prior business day.
- (4) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 8,710 RSUs.

**Signature of Reporting

Person

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(5) Stock option vests in three equal annual installments beginning on August 15, 2012.

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.