#### CARDINAL HEALTH INC Form 3 January 11, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

#### 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 <u>*</u> Holcomb Michele			2. Date of Event Requiring Statement (Month/Day/Year)	e 5. 155dei 1 (dill	3. Issuer Name and Ticker or Trading Symbol CARDINAL HEALTH INC [CAH]					
(Last)	(First)	(Middle)	01/03/2017		4. Relationship of Reporting Person(s) to Issuer		endment, Date Original hth/Day/Year)			
7000 CARD	INAL PLA	CE					•			
(Street) DUBLIN, OH 43017				(Check	(Check all applicable) Director 10% Owner Officer Other (give title below) (specify below) EVP - Strategy & Corp. Dev.		<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li>Form filed by More than One</li> <li>Reporting Person</li> </ul>			
				XOfficer (give title below						
(City)	(State)	(Zip)	Table I	[ - Non-Derivat	Non-Derivative Securities Beneficially Owned					
1.Title of Secur (Instr. 4)	ity			nt of Securities ally Owned	Ownership O	A. Nature of Ind Dwnership Instr. 5)	irect Beneficial			
Reminder: Repo owned directly		ate line for ea	ch class of securities ben	eficially SI	EC 1473 (7-02)					
	inform requir	nation conta ed to respo	pond to the collectior ained in this form are nd unless the form d MB control number.	not						
Т	able II - Der	ivative Secu	rities Beneficially Owne	ed (e.g., puts, calls,	warrants, optio	ns, convertible	e securities)			
1. Title of Deri (Instr. 4)	vative Securit	Expi	ration Date Sec /Day/Year) Der	Fitle and Amount of curities Underlying rivative Security str. 4)	4. Conversion or Exercise Price of Derivative	- · · · · <b>r</b>	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		D	<b>F</b> • •		Derradive	Security.				

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
	Director	10% Owner	Officer	Other					
Holcomb Michele 7000 CARDINAL PLACE DUBLIN, OH 43017	Â	Â	EVP - Strategy & Corp. Dev.	Â					
Signatures									
/s/ Elaine S. Natsis, Attorney-in-fact		01/11/2017	,						
**Signature of Reporting Person		Date							
Explanation of Responses:									

#### No securities are beneficially owned

\* 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).

## Â

### **Remarks:** EXHIBIT LIST: EX-24 Holcomb 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.