Henderson Jeffrey William Form 4 September 30, 2008

FORM 4

OMB APPROVAL

	UNITED STATES SECURITIES AND EXCHANGE COMMISSION
	Washington, D.C. 20549
Check this box	e de la companya de

OMB 3235-0287 Number:

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 5 obligations may continue.

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

SECURITIES

burden hours per response... 0.5

See Instruction

1(b).

Shares

(Print or Type Responses)

1. Name and Address of Reporting Person * Henderson Jeffrey William			2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	CARD	Symbol CARDINAL HEALTH INC [CAH]				(Check all applicable)				
, , ,	(First) ((Month/	3. Date of Earliest Transaction (Month/Day/Year) 09/26/2008				Director 10% Owner X_ Officer (give title Other (specify below) Chief Financial Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, O	OH 43017						Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tal	ole I - Non-l	Derivative :	Securi	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	ansaction(A) or Disposed of (D) ode (Instr. 3, 4 and 5) nstr. 8) (A) or			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	09/26/2008		A	28,090 (1)	A	\$ 49.84	89,285	D		
Common							1.610	T	D _v ECDD	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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By ESPP

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration	Of Title Num	r Jumber		
						Exercisable	Date				
				C + V	(A) (D)			0			
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Henderson Jeffrey William 7000 CARDINAL PLACE **DUBLIN, OH 43017**

Chief Financial Officer

Signatures

Jeffrey W.

Henderson 09/30/2008 **Signature of Date Reporting Person

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) Restricted Share Units award granted under the Cardinal Health, Inc., 2005 Long-Term Incentive Plan, as amended, with an effective date of October 15, 2008. Award granted without payment by grantee, in connection with a plan to separate the Clinical and Medical Products businesses by means of a spin-off of those businesses to its shareholders (the "Spin-Off"), and would vest on the earliest of (a) the Spin-Off, (b) determination by the Board not to proceed with the Spin-Off, or (c) October 15, 2010.

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.

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