FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Bailey Megan D.					LA	2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [ LH ]								heck a	all appli Directo	cable)	ng Person(s) to Issue 10% Owne Other (spe		wner	
(Last) (First) (Middle) 531 SOUTH SPRING STREET						oate of 01/20		st Trans	saction (N	1onth	/Day/Year)			X Officer (give title of the (s) below)  EVP, Chief Strategy Officer					·	
(Street) BURLINGTON NC 27215					- 4. If										5. 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)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ed to						
		Та	ble I - No	on-Deriv	/ative	Sec	uritie	es Ac	quired,	Dis	sposed (	of, or B	eneficia	ally O	)wne	d				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Transaction Disposed Code (Instr.		ties Acquir I Of (D) (Ins	5. Amount or Securities Beneficially Owned Follor		es ally Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code V Amount (A) or Pri				Price	т	Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 04/01/2					/2024	2024		M		205	205 A			505			D			
Common Stock 04/01/2				/2024	2024			F <sup>(2)</sup>		69	9 D \$2		35 436		36		D			
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. Conversi or Exerci Price of Derivative Security		e (Month/Day/Year) if any				4. Transaction Code (Instr.		5. Number of		xercis n Date ay/Ye		7. Title ar Amount of Securitie Underlyin Derivativ (Instr. 3 a	of s ng e Security	Deri Secu (Inst	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisat		Expiration Date	Title	of Shares							
Restricted Stock Unit	(1)	04/01/2024			M			205	(3)		(3)	Common Stock	205	-	\$ <mark>0</mark>	5,407 <sup>(4</sup>	4)	D		

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.
- 2. Stock withholding to satisfy tax withholding obligations.
- 3. The Restricted Stock Units that have vested were part of a grant that vests in two equal installments beginning on April 1, 2024.
- 4. This number reflects the aggregate number of Restricted Stock Units held by the reporting person.

/s/ Sandra D. van der Vaart, Attorney-in-Fact for Megan D. 04/03/2024 Bailey

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.