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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

	tion 1(b).	nue. See		Filed								Exchang any Act o		of 1934			hours	per re	esponse:	0.5	
1. Name and Address of Reporting Person* Kirchgraber Paul R (Last) (First) 531 SOUTH SPRING STREET					2. Issuer Name and Ticker or Trading Symbol <u>LABORATORY CORP OF AMERICA</u> <u>HOLDINGS</u> [LH] 3. Date of Earliest Transaction (Month/Day/Year) 11/04/2020										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CEO, Covance Drug Development						
(Street) BURLIN (City)	BURLINGTON NC 27215						4. If Amendment, Date of Original Filed (Month/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					
		Table	I - N	lon-Deriva	tive	Secu	rities /	Acq	Juire	ed, D	ispo	sed o	f, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo					Execution Date,		TI C	3. Transaction Code (Instr. 8)					und 5) Secur Benef		cially Following	Forr (D)	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								c	ode	v	Amo	ount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock 11/04/202					20			S		1,	500	D	\$214.1	357	7,698			D			
		Tal	ble I	I - Derivati (e.g., pu												wneo	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,			ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year)				7. Titl Amou Secun Unde Deriv Secun 3 and	int of rities rlying ative rity (Instr.	Deriv Secu (Inst			у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Date Exercisable

Explanation of Responses:

/s/ Sandra van der Vaart,

of Shares

Attorney-in-Fact for Paul R.

<u>Kirchgraber</u>

Title

Expiration Date

** Signature of Reporting Person Date

11/06/2020

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

* 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).

Code V

(A) (D)

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.