SEC For	m 4 FORM	4	UNITED) STA	ATE:	S SE			ES AND			NGE C	оммі	SSION				
					Washington, D.C. 20549										OMB APPROVAL			
Check this box if no longer subject to STATEMEN					ENT	IT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden		
obligations may continue. See Instruction 1(b).				Fil	led pur	suant t	o Sectio	on 16	(a) of the Secu	urities	934	hours per re				0.5		
					or	Section	on 30(h)	of th	è Ínvestment (Comp	pany Act							
1. Name and Address of Reporting Person [*] Caveney Brian J						2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA								elationship o eck all applic	able)	ng Pers		
					_ HOLDINGS [LH]									Directo X Officer	r (give title		10% Ov Other (s	
(Last) (First) 531 SOUTH SPRING STREET			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023								below)	Pres of E	below) s of ED, CMO & CS		0	
				- 4.1	f Amer	ndment,	Date	of Original Fil	led (N	Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IGTON N	IC	27215											'	led by One	e Repo	orting Person	n
			27213		_									Form fi Person		re than	One Repor	ting
(City)	(Zip)		R	Rule 10b5-1(c) Transaction Indication														
									dicate that a trai e defense condi						n or written	plan th	at is intended	i to
		Tak	ole I - Nor	n-Deriv	vativ	e Sec	curitie	s A	cquired, D	isp	osed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear) if	A. Deen Executio f any Month/D	n Dat	e, Transaction Disposed Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s ally	Form (D) o	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
								Code V	, ,	Amount	nt (A) or Pi		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
									quired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	e, 4. Transact Code (In		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration ate	Title	Amount or Number of Shares					
Non- qualified Stock Options ⁽¹⁾	\$223.86	05/05/2023			А		1,000		02/07/2024 ⁽²⁾	05/	5/04/2033	Common Stock	1,000	\$0	1,000	0	D	
Restricted Stock Unit	(3)	05/05/2023			Α		300		(4)		(4)	Common Stock	300	\$0	2,981	(5)	D	

Explanation of Responses:

1. Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.

2. The option vests in three equal annual installments beginning on the date reflected in this column.

3. Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.

4. The Restricted Stock Units vest in three equal annual installments beginning on February 7, 2024.

5. 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 Brian J.

Caveney

05/09/2023

** Signature of Reporting Person Date

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).

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.