FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* KING DAVID P | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|--|---------|--------------------------------------|-------|--|--|--|------------------|--|-------|----------------------|---|---|-------------------------------|---|--|--------|---|---|
| (Last) (First) (Middle) 430 SOUTH SPRING STREET | | | | | | | HOLDINGS [LH] 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2008 | | | | | | | | | | er (give title | nt & C | below) | (specify |
| (Street) BURLINGTON NC 27215 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | e) X Forr Forr | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | Securi Benefi | cially I Following | Form: | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | | (msu. 4) |
| Common Stock 02/20/2 | | | | | | | 2008 | | F ⁽¹⁾ | | 3,538 | D \$80 | | \$80.4 | 1 58,428.0365(2) | | | D | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | n Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares | | unt | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | rnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Stock withholding to satisfy tax and withholding obligations.
- 2. Amount shown reflects a 2-for-1 stock split effective on May 10, 2002.

By: /s/ BRADFORD T.

SMITH, Attorney-in-Fact for 02/22/2008
David P. King

** 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.