FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | | |
| l | 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* Schechter Adam H | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH] | | | | | | | | | ck all applic | cable) or | g Pers | on(s) to Iss | ner | |
|---|---|--|--|--------|--------------------------|---|--|--------|--|---------------------|-----|--|------------------------------|----------------|-------------------|---|--|-------------|--|---|--|
| (Last) (First) (Middle) 531 SOUTH SPRING STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| (Street) BURLINGTON NC 27215 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deri | vativ | e Se | curit | ies Ad | cquire | ed, Di | isp | osed o | f, or Be | net | ficiall | y Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Dat | | | Code (Instr. | | | 4. Securit Disposed 5) | ties Acquii I Of (D) (In: | ed (/ | A) or B, 4 and | 5. Amou Securitie Beneficia Owned F | es ally Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | ode V | | Amount | (A) o | r | Price | Transact (Instr. 3 a | ion(s) | | | (111501.4) | |
| Common Stock 02/10/ | | | | | | 5 | | | | М | | 1,503 | A (1) | | (1) | 3,237 | | | D | | |
| | | - | Гable II - | | | | | | | | | | or Ben ole sec | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | ate, Transac Code (li | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | le and 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | Code | v | (A) | (D) | Date Exerci | sable | | kpiration ate | Title | or Nu of | umber | | | | | | |
| Restricted | (1) | 02/10/2015 | | | M | | | 1,503 | 02/10/2 | 2015 ⁽²⁾ | | (2) | Common | 1 | ,503 | \$0 | 0 | | D | | |

Explanation of Responses:

Stock Unit

- 1. Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.
- $2.\ The\ Restricted\ Stock\ Units\ vested\ fully\ on\ February\ 10,\ 2015.$

/s/ F. Samuel Eberts III,

Attorney-in-Fact for Adam H. 02/12/2015

Schechter

Stock

** 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.