FORM 4

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

Washington,	D.C.	20540
vvasiiiigtoii,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person*     DiVincenzo Jonathan P.					LA	2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [ LH ]							(Ch	eck all applic	nship of Reporting I applicable) Director Officer (give title		Person(s) to Issuer  10% Owner Other (specify	
(Last) 531 SOU		First) (Middle) NG STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023								below)	below)  EVP, Pres, Centr		below)	·
(Street) BURLINGTON NC 27215					-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Gity)	(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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												I to					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				saction	2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			ed (A) or tr. 3, 4 and	5. Amou Securitie Beneficia	nt of 6. O Formally (I) (I		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Table II - Derivat (e.g., pu									quired, Dis s, options	spo	,	or Bene	,	(Instr. 3 a				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year) Se Un De			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( (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Non- qualified Stock Options <sup>(1)</sup>	\$223.86	05/05/2023			A		1,200		02/07/2024 <sup>(2)</sup>	05	5/04/2033	Common Stock	1,200	\$0	1,200		D	
Restricted Stock Unit	(3)	05/05/2023			Α		370		(4)		(4)	Common Stock	370	\$0	1,664 <sup>(5</sup>	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 Jonathan 05/09/2023

P. DiVincenzo

\*\* 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.