FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		о т • т							0.04			OMB APP	3235-0287		
Check this box if no longer subject to SIA			STATEMENT OF CHANGES IN BENEFICIAL OWNE									Estimated average I			
obligations may continue. See Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934								hours per response:				
			1 1100		tion 30(h) of the In								•		
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BELINGARD JEAN LUC				LABORATORY CORP OF AMERICA							Director		% Owner		
				HOLDINGS [LH]					X	Officer (give		er (specify			
(Last)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							below)		ow)			
430 SOUTH SPRING STREET				02/01/2006											
				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)	NC	05015								Line)	Correction by				
BURLINGTON	NC	27215									X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	 [Zip)								Person		ceponing		
	Ta	ble I - Nor	n-Deriva	tive S	ecurities Acq	uired,	Disp	posed of, o	or Ben	eficially	Owned				
	1. Title of Security (Instr. 3)					3. Transaction Code (Instr. 8)							1		
1. Title of Security ((Instr. 3)		2. Transac Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	Transa Code (4. Securities Disposed Of 5)	Acquired (D) (Instr	(A) or 3, 4 and	5. Amount of Securities Beneficially Owned Follow	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	ct of Indirect Beneficial Ownership		
1. Title of Security ((Instr. 3)		Date		Execution Date, if any	Transa Code (Disposed Of	Acquired (D) (Instr (A) or (D)	(A) or 3, 4 and Price	Securities Beneficially	Form: Direc (D) or Indire ing (I) (Instr. 4)	of Indirect ct Beneficial		
1. Title of Security (Common Stock	(Instr. 3)		Date	y/Year)	Execution Date, if any	Transa Code (8)	Instr.	Disposed Of 5)	(D) (Instr	3, 4 and	Securities Beneficially Owned Follow Reported Transaction(s)	Form: Direc (D) or Indire (I) (Instr. 4)	ct of Indirect Beneficial Ownership		
			Date (Month/Day 02/01/2 Derivativ	y/Year) 2006 /e Sec	Execution Date, if any	Transa Code (8) Code A	v ispo	Disposed Of 5) Amount 29 ⁽¹⁾ sed of, or	(D) (Instr (A) or (D) A Benef	3, 4 and Price \$57.05	Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4) 19,790 ⁽²⁾	Form: Direc (D) or Indire (I) (Instr. 4)	ct of Indirect Beneficial Ownership		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Stock award represents half the monthly Director retainer pursuant to the Laboratory Corporation of America Holdings 1995 Stock Plan for Non-Employee Directors.

2. Amount shown reflects a 2-for-1 stock split effective on May 10, 2002.

By: /s/ BRADFORD T.

<u>SMITH, Attorney-in-Fact for</u> 02/03/2006 Jean-Luc Belingard

** 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.