FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

neck this box if no longer subject to	
ection 16. Form 4 or Form 5	
oligations may continue. See	
atruction 1(h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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* Parham Richelle P						2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH]								Relationship neck all appl X Direct	icable) or	g Person	10% Ow	ner
(Last)	`	First) NG STREET	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024								below	r (give title)		Other (sp below)	респу
					4. 11	f Ame	ndmen	t, Date	of Original	Filed	(Month/E	ay/Year)	6. Lir	Individual or e)	Joint/Group	Filing (C	heck App	olicable
(Street) BURLIN	IGTON 1	NC	27215												filed by One		Ü	- 1
					- L									Perso	filed by Mor	e than O	ne Repor	ung
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication												
						Chec	k this boy	ox to in firmativ	dicate that a e defense co	trans:	action was ons of Rule	made pursu 10b5-1(c). S	ant to a co	ntract, instruction 10.	ion or written	plan that	is intended	d to
		Tab	le I - Nor	n-Deriv	vative	Sec	curitie	es Ad	cquired,	Dis	posed (of, or Be	eneficia	lly Owne	d			
1. Title of Security (Instr. 3)			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.				red (A) or str. 3, 4 an	Benefic	es ially Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect o direct B 4) O	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) o	Price	Transac (Instr. 3	tion(s)			1150. 4)
Common Stock 02/0*				7/2024	/2024		М		947	7 A (1		8,534		D				
		1							quired, D s, option					y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	Expiration Date (Month/Day/Year) Amount Securitie Underlyi Derivativ			7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and	of s g e Security	8. Price of Derivative Security (Instr. 5)		y Ov Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	02/06/2024			A		944		(2)		(2)	Common Stock	944	\$0	1,891 ⁽³⁾		D	
Restricted Stock Unit	(1)	02/07/2024			M			947	(4)	T	(4)	Common	947	\$0	944		D	

Explanation of Responses:

- 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 vest fully on February 6, 2025.
- 3. This number reflects the aggregate number of Restricted Stock Units held by the reporting person. Amount includes an additional 98 Restricted Stock Units resulting from the final adjustment ratio calculated pursuant to the terms of the Employee Matters Agreement by and between Laboratory Corporation of America Holdings and Fortrea Holdings Inc.
- 4. The Restricted Stock Units vested fully on February 7, 2024.

/s/ Sandra D. van der Vaart, Attorney-in-Fact for Richelle P. 02/08/2024 **Parham**

** 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.