FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(b) of the Investment Company Act of 1940

| | Check this box if no longer subject to |
|---|--|
|) | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b). |

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|--|--|--|--|---------|---|--|---|-----------|-------------------------------------|---------|---|--|-----|---|---|--------------------------------------|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Rubenstein Arthur H | | | | | HOLDINGS [LH] | | | | | | | | | X | Direc | ctor | 1 |)% O | wner | | | |
| | | | | | . [| | | | | | | | | | | Officer (give title | | | Other (specify | | | |
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | belov | N) | b | below) | | | |
| 430 SOUTH SPRING STREET | | | | | 01/ | 01/03/2005 | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| ` , | GTON N | | 27215 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reportin | | | | | | | |
| (City) | (SI | ate) (| ate) (Zip) | | | | | | | | | | | | | | | Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, oı | Ben | efici | ally | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | execution f any | A. Deemed xecution Date, any Month/Day/Year) | | Transaction D Code (Instr. 5 | | Securities Acquired (A) isposed Of (D) (Instr. 3, | | | 4 and Secu Bene Owne Repo Trans | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | | | | Price | action(s) 3 and 4) | | | (111501.4) | | |
| Common Stock 01/03/ | | | | | 3/2005 | 2005 | | | A | | 33(1) | A \$ | | \$49 | .69 | | 1,236 | D | | | | |
| | | Та | | | | | | | , | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 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, T | 4. Transa Code (8) | | | | 6. Date E Expiration (Month/E | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Exercisa | | Date | | | ares | | | | | | | | |

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.

By: /s/ BRADFORD T. SMITH, ATTORNEY-IN-

01/05/2005

FACT FOR

** 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.