FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

OMB APPROVAL

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Estimated average burden 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* LANE WENDY E | | | | | L. | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH] | | | | | | | | | | | ationship of Reportin call applicable) Director Officer (give title | | ng Person(s) to Issu 10% Ow Other (sp | | vner |
|---|---|--|--|---|---|--|--------|-----------------------------------|---------------|--|--------|---------------------|--|---|-----------------------------------|--------------------------------|---|--|---|--|--|
| (Last) 531 SOU | • | irst) IG STREET | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2011 | | | | | | | | | | | below) | | below) | | эрсспу | |
| (Street) BURLING (City) | | tate) | 27215 (Zip) | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) X | Form fi Form fi Persor | lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | saction | action 2A. I Exec Day/Year) if an | | A. Deemed Execution Date, f any | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | d (A) d |) or 5. Am 4 and Secur Benef Owner | | nt of s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | С | ode \ | v | Amount | (A) or (D) | | Pric | ce | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | 05/1 | 05/11/2011 | | | | | A | | 700(1) | | A | ; | \$ <mark>0</mark> | 14, | ,153 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 400 | | I | | By Trust For Children | | |
| | | 7 | Гable II - | | | | | | | | | sed of, onvertil | | | | | Owned | | | | |
| 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, | 4. Transa Code (1 8) | | n of E | | Expira | 5. Date Exercisal Expiration Date Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Secur | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exerc | sable | | expiration Date | Title | | Amou or Numb of Share | mber | | | | | |
| Non- qualified Stock | \$98.49 | 05/11/2011 | | | A | | 2,600 | | 05/11/ | 2012 ⁽³⁾ | 0. | 5/11/2021 | | nmon tock | 2,60 | 00 | \$0 | 2,600 |) | D | |

Explanation of Responses:

- 1. Restricted stock award vests in three equal annual installments beginning on May 11, 2012.
- 2. Director stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2008 Stock Incentive Plan.
- 3. The option vests in three equal annual installments beginning on the date reflected in this column.

/s/ F. Samuel Eberts III,

Attorney-in-Fact for Wendy E. 05/13/2011

Lane

** 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.