FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* LABORATORY CORP OF AMERICA					2. Issuer Name and Ticker or Trading Symbol Fortrea Holdings Inc. [FTRE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
HOLDINGS					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023									Office below	er (give title /)		Other (below)	specify	
(Last) (First) (Middle) 531 SOUTH SPRING STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person						
(Street) BURLINGTON NC 27215														Form filed by More than One Reporting Person					
(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.											ended to				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					.	Execution Date,			3. Transaction Code (Instr. 8) 4. Securiti Disposed and 5)					5. Amo Securi Benefi Owned Follow	ties cially ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A)) or)	Price	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 06/20/2					.023			J ⁽¹⁾		100]	D	\$ <mark>0</mark>		0		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		ction nstr.	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)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		D Si (Ii	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	Beneficial Ownership t (Instr. 4)	
					Code	v	(A) (D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shai							

Explanation of Responses:

1. In connection with the spin-off of Fortrea Holdings Inc. ("Fortrea") by Laboratory Corporation of America Holdings ("Labcorp"), (a) Fortrea will convert the outstanding shares of Fortrea common stock currently held by Labcorp into 88,765,089 shares of Fortrea common stock and (b) Labcorp will distribute all of the outstanding shares of Fortrea common stock held by Labcorp to Labcorp common stockholders as of the record date, which was the close of business on June 20, 2023 (the "Record Date"). For each share of Labcorp common stock held on the Record Date, Labcorp will distribute one share of Fortrea common stock.

> /s/ Sandra D. van der Vaart, Executive Vice President, Chief Legal Officer and Corporate Secretary

** Signature of Reporting Person

06/21/2023

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.