SEC For	m 4 FORM	4	UNITE	D ST/	ATES	S SE			ES AND			NGE C	юммі	SSION					
						Washington, D.C. 20549										OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See					ENT OF CHANGES IN BENEFICIAL OWNERSI										OMB Number: Estimated average burde hours per response:			3235-0287 n 0.5	
Instruc	tion 1(b).			Fil					(a) of the Secu e Investment (934						
1. Name ar Schroe			L	ABO		<u>OR'</u>	cker or Tradin Y CORP (LH]			(Ch	elationship o eck all applio Directo Officer	able)	ig Pers	son(s) to Iss 10% Ov Other (s	wner				
(Last) (First) 531 SOUTH SPRING STREET			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2023								below)		res Diagnosti		0		
				- 4. l	f Amer	ndment,	Date	of Original Fil	led	(Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BURLINGTON NC		С	27215	_									led by Mor	d by One Reporting Person d by More than One Reporting					
(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.															d to				
		Tab	le I - Nor	n-Deri	vativ	e Sec	curitie	s A	cquired, D)isp	posed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execut			e, Transaction D Code (Instr. 5			4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		Beneficia Owned F	s Formally (D) following (I) (I		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	,	Amount	unt (A) or P		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
									quired, Dis s, options					Owned					
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 Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Options ⁽¹⁾	\$223.86	05/05/2023			A		1,400		02/07/2024 ⁽²⁾) 0	15/04/2033	Common Stock	1,400	\$0	1,400	0	D		
Restricted Stock Unit	(3)	05/05/2023			Α		440		(4)	Γ	(4)	Common Stock	440	\$0	3,121	(5)	D		

Explanation of Responses:

1. Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.

2. The option vests in three equal annual installments beginning on the date reflected in this column.

3. Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.

4. The Restricted Stock Units vest in three equal annual installments beginning on February 7, 2024.

5. This number reflects the aggregate number of Restricted Stock Units held by the reporting person.

/s/ Sandra D. van der Vaart,

Schroeder

Attorney-in-Fact for Mark S.

05/09/2023

** 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.