FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287									
Estimated average burden										
hours por rosponso:	. n									

## 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* <u>Dodson Edward T</u>					LA	2. Issuer Name and Ticker or Trading Symbol  LABORATORY CORP OF AMERICA  HOLDINGS [ LH ]								(Ch	Relationship of eck all applications	cable)	Perso	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) 213 MAPLE AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/07/2017									helow)		ountir	below)	·
(Street) BURLINGTON NC 27215				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	City) (State) (Zip)														Person				
		Tab	le I - Non	-Deriva	ative	e Se	curitie	s A	cqu	ired, D	isp	osed o	f, or Ber	neficial	ly Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					ar) E	Execution f any	a. Deemed ecution Date, any onth/Day/Year)		r, Transaction Disposed Code (Instr. 5)		ies Acquire Of (D) (Inst		Benefici Owned F	es ally Following	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
	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)	3A. Deemed Execution E if any (Month/Day	Date, T	ransac Code (I		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties ed sed	6. Date Exercisab Expiration Date (Month/Day/Year)			Amount of		J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	02/07/2017			Α		740			(2)		(2)	Common Stock	740	\$0	3,440 <sup>(3</sup>	)	D	
Non- qualified Stock Options <sup>(4)</sup>	\$130.6	02/07/2017			A		2,800		02/0	07/2018 <sup>(5)</sup>	02	2/06/2027	Common Stock	2,800	\$0	2,800		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 in three equal annual installments beginning on 2/7/18.
- 3. This number reflects the aggregate number of Restricted Stock Units held by the reporting person.
- 4. Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.
- 5. The option vests in three equal installments beginning on the date reflected in this column.

/s/ F. Samuel Eberts III, Attorney-in-Fact for Edward T. 02/09/2017

**Dodson** 

\*\* 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.