FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF	CHANGES	IN BI	ENEFICI	AL (OWNER	SHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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* Schroeder Mark S					<u>L</u>	2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH]								ck all applica	,		on(s) to Issuer 10% Owner Other (specify	
(Last) 531 SOU	`	First) NG STREET	(Middle)			Date o		liest Trans	action (M	onth/[Day/Year)	<u> </u>	below)	J	gnosti	below)	`	
(Street)	IGTON 1	NC	27215		_ 4.								Line)	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		R	Che	ck this	s box to ind	icate that a	a trans		ade pursuan		act, instruction	or written	plan tha	at is intended	to satisfy
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			nsaction	ction 2A. Deemed Execution Date,		3. Transaction Code (Instr. 3, 4)		(A) or	or 5. Amount Securities Beneficiall Owned Fol		Form (D) or (I) (In (I) (In (I) (In (I) (I) (I)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		(11	Instr. 4)	
Common	Stock			03/0	07/202	/2024		М		2,119	A	\$117.09	9 10,084	1.1426		D		
Common Stock 03/0				07/202	/2024		S ⁽¹⁾		5,048	D	\$218.4	5,036	.1426		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		3A. Deemed Execution E if any (Month/Day	d Date,	4. Transa	ransaction ode (Instr.		5. Number of Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Non- qualified Stock Options ⁽²⁾	\$117.09 ⁽³⁾	03/07/2024			M			2,119 ⁽³⁾	02/07/20	18 ⁽⁴⁾	02/06/2027	Common Stock	2,119	\$0	0		D	

Explanation of Responses:

- 1. Pursuant to a plan in accordance with Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.
- 3. Represents amounts automatically adjusted based on the final adjustment ratio applied to equity awards in connection with the spin-off of Fortrea Holdings Inc. ("Fortrea") by Laboratory Corporation of America Holdings ("Labcorp"), calculated pursuant to the terms of the Employee Matters Agreement by and between Labcorp and Fortrea.
- 4. The option vested in three equal annual installments beginning on the date reflected in this column.

/s/ Sandra D. van der Vaart,

03/11/2024 Attorney-in-Fact for Mark S.

Schroeder

** 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.