FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL										
١	OMB Number:	3235-0287									
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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 assessment Continue (Color the Constitute Fundament Act of 1004

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     NOVAK RICHARD L					2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [ LH ]									elationship of ck all application Director  Officer (	able)	g Perso	on(s) to Issu 10% Ov Other (s	vner
(Last) 430 SOUT	,	First) (Middle) NG STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2005									below) below) EVP & Chief Operating Office			. ,
(Street) BURLINGTON NC 27215  (City) (State) (Zip)				4. If	Amer	ndmen	nt, Date o	f Original	Filed	(Month/Day <i>ı</i>	6. In Line	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curit	ies Ac	quired,	Dis	posed of	, or Ben	eficially	/ Owned				
'''' ''' '			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		I (A) or . 3, 4 and 5	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock <sup>(1)</sup>				02/1	5/2005				М		59,159	A	\$39.3	4 183,	816 <sup>(2)</sup>		D	
Common Stock <sup>(1)</sup>				02/1	5/2005				S		830	D	\$50.0	1 182,	986 <sup>(2)</sup>		D	
Common Stock <sup>(1)</sup> 02/2			02/1	5/2005				S		58,329	D	\$50	124,0	657 <sup>(2)</sup>		D		
		-	Γable II -	Deriva (e.g., p	tive outs,	Secu calls	ıritie s, wa	s Acqu arrants	uired, I , optio	Disp ns, c	osed of, convertib	or Bene le secur	ficially ( ities)	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 D if any (Month/Day/	Date,		ransaction Code (Instr.		n of		6. Date Exerciss Expiration Date (Month/Day/Yea		7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	Derivative Security	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
Non- qualified Stock	\$39.34	02/15/2005			M			59,159	01/07/20	03 <sup>(4)</sup>	01/07/2012	Common	59,159	\$0	0.000	00	D	

## Explanation of Responses:

Options<sup>(1)(3)</sup>

- 1. Pursuant to a plan in accordance with Rule 10b5-1 under the Securities Exchange Act of 1934.
- 2. Amount shown reflects a 2-for-1 stock split effective on May 10, 2002.
- 3. Common stock purchase option granted under the Laboratory Corporation of America Holdings 2000 Stock Incentive Plan.
- 4. The option vests in three equal installments beginning on the date reflected in this column.

By: /s/ BRADFORD T. SMITH, Attorney-in-Fact for Richard L. 02/17/2005 Novak

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.