FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL |
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| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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>Gilliland Dwight Gary</u> | | | | | L. | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH] | | | | | | | | | eck all appli X Directo | cable) or | ıg Pers | son(s) to Iss | wner | |
|--|---|--|--|--------|--------|--|------------------------------|--------|-----------------------------------|------------------------|--|--|----------------|--|---|--|---------|--|--|--|
| (Last) (First) (Middle) 531 SOUTH SPRING STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2016 | | | | | | | | | | Officer (give title below) | | Other (s below) | sресіту | |
| (Street) BURLINGTON NC 27215 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (: | · · · · · · · · · · · · · · · · · · · | (Zip) | Doriv | rotive | | ouriti | ος Λο | auirod | Dier | 20004 | of or B | | ficial | ly Owns | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transal Date (Month/D. | | | | action | ear) | 2A. Dec Execut if any | A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | Securities Acquired (A) sposed Of (D) (Instr. 3, | | | 5. Amou Securiti Benefici Owned | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 03/11/ | | | | | 1/201 | /2016 | | | М | | 1,23 | 7 A | A | (1) | 2,912 | | | D | | |
| | | 7 | able II - I | | | | | | uired, D , option | | | | | | Owned | | | | | |
| Derivative C Security o (Instr. 3) P | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr. | | n of l | | rcisa Date //Yea | ble and | nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Coc | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or Nu of | umber | | | | | | |
| Restricted Stock Unit | (1) | 03/11/2016 | | | M | | П | 1,237 | (2) | | (2) | Commor Stock | 1 | ,237 | \$0 | 1,560 ⁽³ | 3) | 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 vested fully on March 11, 2016.
- 3. This number reflects the aggregate number of Restricted Stock Units held by the reporting person.

/s/ F. Samuel Eberts III,

Attorney-in-Fact for Dwight 03/15/2016

Gary Gilliland

** 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.