FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									
	burdon									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*  NEUPERT PETER M						2. Issuer Name <b>and</b> Ticker or Trading Symbol LABORATORY CORP OF AMERICA									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					H	HOLDINGS [ LH ]								X	Directo	or		10% O	wner	
																Officer (give title		Other ( below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below	below)		below)		
531 SOUTH SPRING STREET					02/	02/09/2016														
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)	_					
BURLIN	IGTON 1	NC	27215											X	_	filed by One	•	Ü		
,																Form filed by More than One Reportin Person			orting	
(City)	(	State)	(Zip)																	
		Tak	le I - Non	-Deriv	ative	e Sec	curitie	s Ac	quired,	Dis	posed o	of, or Be	enefi	cially	/ Owned	d				
1. Title of Security (Instr. 3) 2. Transac									3.	ities Acqui			5. Amou	es Fori			7. Nature			
Date (Month/Da					Dav/Ye	Executi ay/Year) if any		n Date	Transaction Code (Instr		n Disposed Of (D) (Instr. 3,		4 and Securiti Benefic				of Indirect Beneficial			
( Contract of the contract of						(Month/Day/Yea				,			Owne		Following		(I) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pi	rice	Transac	Reported Transaction(s)			(11150.4)	
											(0)				(Instr. 3 and 4)					
		-	Гable II - I						,			,		•	Owned					
			(	e.g., p	uts,	calls	, warr	ants	s, option	s, c	onverti	ble sec	uritie	es)						
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Number		6. Date Exe			7. Title and			B. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversio or Exercis		Execution if any		Transaction Code (Instr. 8)				Expiration (Month/Day		r) Securities			Derivative Security			Ownership Form:	p of Indirect Beneficial		
(Instr. 3)	Price of Derivative	1	(Month/Day	//Year) 8									Underlying Derivative Securi		Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security (A) or (Ins						(Instr. 3 a		'''y		Following Reported Transaction(s)		(I) (Instr. 4)	(111501.4)						
Disposed of (D)																				
							(Instr. 3, 4 and 5)									(Instr. 4)				
				H			and 5)	-		_			Amo	unt						
													or							
									Date		xpiration		Num of							
				- 0	Code	٧	(A)	(D)	Exercisabl	e D	ate	Title	Shar	es						
Restricted Stock Unit	(1)	02/09/2016			Α		1,560		02/09/2017	7	(2)	Common Stock	1,5	60	<b>\$0</b>	2,797 <sup>(3</sup>		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 fully on February 9, 2017.
- 3. This number reflects the aggregate number of Restricted Stock Units held by the reporting person.

/s/ F. Samuel Eberts III,

02/11/2016 Attorney-in-Fact for Peter M.

**Neupert** 

\*\* 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.