SEC For	m 4 FORM	4	UNITEI	D ST/	ATE:	S S	ECUF	ודוא	IES	AND	E	ХСНА	NG	E CO	оммі	SSION					
		Washington, D.C. 20549													OMB APPROVAL						
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 OWNERSH Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														OMB Number: 3235-028 Estimated average burden hours per response: 0.			
1. Name and Address of Reporting Person* BERBERIAN LANCE					L	2. Issuer Name and Ticker or Trading Symbol <u>LABORATORY CORP OF AMERICA</u> <u>HOLDINGS</u> [LH]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify				vner	
(Last) 531 SOU	(Last) (First) (Middle) 531 SOUTH SPRING STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/02/2021										below)	below) below) EVP, CIO & CTO				
(Street) BURLINGTON NC 27215					- 4. -	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	•	(Zip)	n-Deri	vativ	e Se	curitie	es A	can	ired. D	isr	oosed o	of. o	r Ben	eficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				sactior	n Tear)	2A. Deen Executio if any	A. Deemed Execution Date,		, 3. Transaction Code (Insti		4. Securit	ties Acquired (A) I Of (D) (Instr. 3,		(A) or	5. Amour Securitie Beneficia Owned F	nt of es ally following	Form (D) o	n: Direct r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code V	'	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
		-	Table II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code (8)			tive ities red sed 3, 4	Exp	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed stion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date	e rcisable		Expiration Date	Titl		Amount or Number of Shares						

(2)

02/02/2022⁽⁵⁾

Options⁽⁴⁾
Explanation of Responses:

(1)

\$233.39

Restricted

Stock Unit

Nonqualified

Stock

1. Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.

A

A

890

3,100

2. The Restricted Stock Units vest in three equal annual installments beginning on February 2, 2022.

02/02/2021

02/02/2021

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 annual installments beginning on the date reflected in this column.

<u>/s/ Sandra D. van der Vaart,</u> <u>Attorney-in-Fact for Lance</u> 02/04/2021 <u>Berberian</u>

7,658⁽³⁾

3,100

D

D

Common

Stock

Common Stock 890

3,100

\$<mark>0</mark>

\$<mark>0</mark>

(2)

02/01/2031

** 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.