FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

| Washington, D.C. 20549 | OMB APPROVAL | | | | |
|--|--------------|---------|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | | |

| OMB Number: | 3235-028 | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours nor resnance. | 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>LANE WENDY E</u> | | | | | LA | 2. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH] | | | | | | | | | | 5. Relationship (Check all appli X Direct | | cable) or | g Pers | 10% O | wner | |
|--|---|--|---|--|--|--|--|-------|---|------------------|-------|--|--|---------------|-----------------------------------|---|---|---|-----------|--|----------------------------|-------------------------|
| (Last) 531 SOUT | • | First) NG STREET | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2014 | | | | | | | | | | | Officer below) | r (give title) | | Other (sp | | |
| (Street) BURLINGTON NC 27215 (City) (State) (Zip) | | | | - 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) X | Form fi | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | vative | e Se | curit | ies A | cqı | uired, | Dis | posed o | f, o | r Ben | efic | ially | Owned | | | | | ヿ |
| Dat | | | Date | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | | ction nstr. | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | | 5. Amou Securitie Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indired Beneficia Ownersh | ct al nip | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | 05/08 | 05/08/2014 | | | | | M | | 1,593 | | A | \$98.96 | | 18,988 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | | 4 | 400 | | I | By Tru For Childre | |
| | | - | Table II - | | | | | | • | , | | osed of, onvertil | | | | • | wned | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 8. Price Derivati Security (Instr. 5 | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Benefi Owner (Instr. | irect icial rship |
| | | | | | Code | v | (A) | (D) | Da Ex | ate kercisabl | | Expiration Date | Titl | | Amor or Numl of Share | oer | | | | | | |
| Restricted Stock Unit | (1) | 05/08/2014 | | | M | | | 1,593 | 05/ | 5/08/2014 | (2) | (2) | | mmon | 1,59 | 93 | \$0 | 0 | | 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 May 8, 2014.

/s/ F. Samuel Eberts III,

Attorney-in-Fact for Wendy E. 05/12/2014

Lane

** 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.