

LABORATORY CORP OF AMERICA HOLDINGS

Form 4

February 09, 2017

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Dodson Edward T

2. Issuer Name **and** Ticker or Trading
Symbol
LABORATORY CORP OF
AMERICA HOLDINGS [LH]

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)
213 MAPLE AVENUE
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
02/07/2017

____ Director ____ 10% Owner
____X____ Officer (give title below) ____ Other (specify below)
Principal Accounting Officer

BURLINGTON, NC 27215

4. If Amendment, Date Original
Filed(Month/Day/Year)

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) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(D)	Price

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

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SEC 1474
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount Underlying Security (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)								
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Restricted Stock Unit	<u>(1)</u>	02/07/2017	A		740		<u>(2)</u>	<u>(2)</u>	Common Stock	740		
Non-qualified Stock Options (4)	\$ 130.6	02/07/2017	A		2,800		02/07/2018 <u>(5)</u>	02/06/2027	Common Stock	2,800		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Dodson Edward T 213 MAPLE AVENUE BURLINGTON, NC 27215			Principal Accounting Officer	

Signatures

/s/ F. Samuel Eberts III, Attorney-in-Fact for Edward T. Dodson

02/09/2017

**Signature of Reporting Person

Date _____

Explanation of Responses:

- | | | |
|-----|--|--|
| | <p>* If the form is filed by more than one reporting person, <i>see</i> Instruction 4(b)(v).</p> | |
| ** | <p>Intentional misstatements or omissions of facts constitute Federal Criminal Violations. <i>See</i> 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).</p> | |
| (1) | <p>Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.</p> | |
| (2) | <p>The Restricted Stock Units vest in three equal annual installments beginning on 2/7/18.</p> | |
| (3) | <p>This number reflects the aggregate number of Restricted Stock Units held by the reporting person.</p> | |
| (4) | <p>Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.</p> | |
| (5) | <p>The option vests in three equal installments beginning on the date reflected in this column.</p> | |

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.