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LABORATORY CORP OF AMERICA HOLDINGS

Form 4

February 09, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

OMB APPROVAL

Expires:

January 31,

Estimated average

2005

0.5

response...

burden hours per

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Ratliff John D

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(First) (Middle)

AMERICA HOLDINGS [LH] 3. Date of Earliest Transaction

LABORATORY CORP OF

Director X_ Officer (give title

10% Owner Other (specify

531 SOUTH SPRING STREET

(Street)

(Month/Day/Year)

below)

CEO, Covance Drug Development

4. If Amendment, Date Original

(Instr. 8)

Applicable Line) _X_ Form filed by One Reporting Person

(T)

(Instr. 4)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

02/07/2017

Form filed by More than One Reporting

Person

BURLINGTON, NC 27215

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial

Ownership

(Instr. 4)

Owned

Following Reported

(A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of Transaction Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and An Underlying Sec (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)				
				Code V	(A) ((D) Date Exercisable	Expiration Date	Title	()
Restricted Stock Unit	<u>(1)</u>	02/07/2017		A	5,590	(2)	(2)	Common Stock	
Non-qualified Stock Options	\$ 130.6	02/07/2017		A	21,300	02/07/2018(5)	02/06/2027	Common Stock	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ratliff John D 531 SOUTH SPRING STREET BURLINGTON, NC 27215

CEO, Covance Drug Development

02/09/2017

Signatures

/s/ F. Samuel Eberts III, Attorney-in-Fact for John D. Ratliff

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (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 in three equal annual installments beginning on 2/7/18.
- (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 installments beginning on the date reflected in this column.

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.

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