## Edgar Filing: LABORATORY CORP OF AMERICA HOLDINGS - Form 4

LABORATO Form 4 February 13	ORY CORP OF A	MERICA	A HOLD	INGS							
FORM									OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERS SECURITIES						Expires:January 31 2009Estimated average burden hours per response0.9		
obligatio may cont	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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)										
Ratliff John D Symbol LABOR				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				RATORY CORP OF ICA HOLDINGS [LH]				(Check all applicable)			
(Mon				e of Earliest Transaction th/Day/Year) 9/2017				Director 10% Owner X Officer (give title Other (specify below) below) CEO, Covance Drug Development			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BURLING	FON, NC 27215							Form filed by M Person			
(City)	(State)	(Zip)	Tab	e I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	02/00/2017			Code V		(D)	Price	(Instr. 3 and 4)	D		
Stock	02/09/2017			М	6,100	А	<u>(1)</u>	6,140	D		
Common Stock	02/09/2017			F <u>(2)</u>	2,013	D	\$ 133.83	4,127	D		

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

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 control number.

## Edgar Filing: LABORATORY CORP OF AMERICA HOLDINGS - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Code	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Pr Deriv Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	<u>(1)</u>	02/09/2017	М	6,100	<u>(3)</u>	(3)	Common Stock	6,100	\$

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Ratliff John D 531 SOUTH SPRING STREET BURLINGTON, NC 27215			CEO, Covance Drug Development	
Signatures				
/s/ F. Samuel Eberts III, Attorney-in-Fact for John D. Ratliff			02/13/2017	

Date

\*\*Signature of Reporting Person

## **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) Stock withholding to satisfy tax withholding obligations.
- (3) The Restricted Stock Units vest in three equal annual installments beginning on 2/9/17.
- (4) This number reflects the aggregate number of Restricted Stock Units held by the reporting person.

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.