LABORATORY CORP OF AMERICA HOLDINGS Form 3 May 18, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## INITIAL STATEMENT OF 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)

<ol> <li>Name and Address of Reporting Person <u>*</u></li> <li>Â Williams R Sanders</li> </ol>			2. Date of Event Requiring Statement (Month/Day/Year) 05/16/2007	3. Issuer Name and Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH]					
(Last)	(First)	(Middle)	03/10/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
DUKE UNIVERSITY SCHOOL OF MEDICINE, TRENT DRIVE (Street) DURHAM, NC 27706				(Check all applicable)					
					Other	of marifidadi of bonna of our			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nat Owne (Instr.	•			
Common Sto	ock		0		D	Â			
Reminder: Repo owned directly c		te line for ea	ch class of securities benefic	<sup>ially</sup> S	EC 1473 (7-02	2)			
	inform require	ation conta ed to respo	oond to the collection of ained in this form are not nd unless the form displ MB control number.	t					
Т	able II - Deri	ivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, op	tions, c	onvertible securities)		
1. Title of Deriv	ative Securit	y 2. Da	te Exercisable and 3. Title	and Amount of	f 4.	5.	6. Nature of Indirect		

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Date	Expiration	Title	Amount or	Derivative	Security:
Exercisable	Date		Number of	Security	Direct (D)
			Shares		or Indirect
					(I)
					(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships				
		10% Owner	Officer	Other		
Williams R Sanders DUKE UNIVERSITY SCHOOL OF MEDICINE TRENT DRIVE DURHAM, NC 27706	ÂX	Â	Â	Â		
Signatures						
By: /s/ BRADFORD T. SMITH, Attorney-in-Fact for R. Sanders Williams					,	
**Signature of Reporting Person						

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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. 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.