

LABORATORY CORP OF AMERICA HOLDINGS  
 Form 3  
 December 11, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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)

1. Name and Address of Reporting Person * Â Dodson Edward T (Last) (First) (Middle) 213 MAPLE AVENUE (Street) BURLINGTON,Â NCÂ 27215 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/03/2014	3. Issuer Name <b>and</b> Ticker or Trading Symbol LABORATORY CORP OF AMERICA HOLDINGS [LH]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Chief Accounting Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,591.8737	D	Â

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

SEC 1473 (7-02)

**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.**

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

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

				Shares		(I) (Instr. 5)	
Non-qualified Stock Options <sup>(1)</sup>	05/24/2013 <sup>(2)</sup>	05/23/2022	Common Stock	13,000	\$ 84.86	D	Â
Restricted Stock Unit	Â <sup>(3)</sup>	Â <sup>(3)</sup>	Common Stock	1,650	\$ 0 <sup>(4)</sup>	D	Â
Restricted Stock Unit	Â <sup>(5)</sup>	Â <sup>(5)</sup>	Common Stock	1,094	\$ 0 <sup>(4)</sup>	D	Â

## Reporting Owners

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

## Signatures

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

12/11/2014

\_\_Signature of Reporting Person

Date

## 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).
- (1) Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2012 Omnibus Incentive Plan.
- (2) The option vests in three equal annual installments beginning on 5/24/13.
- (3) The Restricted Stock Units vest in three equal annual installments beginning on 2/11/15.
- (4) Each restricted stock unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.
- (5) The Restricted Stock Units vest in three equal annual installments beginning on 2/12/14.

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### Remarks:

Exhibit 24 - Power of Attorney

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.