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LABORATORY CORP OF AMERICA HOLDINGS

Form 3

January 10, 2007

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

OMB APPROVAL

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SECURITIES

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement LABORATORY CORP OF AMERICA HOLDINGS Troub Allen W (Month/Day/Year) [LH] 01/01/2007 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 430 SOUTH SPRING STREET (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) Director 10% Owner _X_ Form filed by One Reporting _X__ Officer Other Person BURLINGTON, NCÂ 27215 (give title below) (specify below) _ Form filed by More than One EVP, Western Operations Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Common Stock 7,268 D Â Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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.

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

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

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| | | | | Shares | | (I) (Instr. 5) | |
|---|---------------|------------|-----------------|--------|----------|-------------------|---|
| Non-qualified Stock Options (1) | 02/17/2005(2) | 02/17/2014 | Common Stock | 5,833 | \$ 39 | D | Â |
| Non-qualified Stock Options $\underline{(1)}$ | 03/01/2006(2) | 03/01/2015 | Common Stock | 6,667 | \$ 47.89 | D | Â |
| Non-qualified Stock Options (1) | 02/23/2007(2) | 02/23/2016 | Common Stock | 10,000 | \$ 58.57 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------|---|--|--|
| Treporting of more remove remove and | Director | 10% Owner | 10% Owner Officer | | | |
| Troub Allen W 430 SOUTH SPRING STREET BURLINGTON, NC 27215 | Â | Â | EVP, Western Operations | Â | | |

Signatures

By: /s/ BRADFORD T. SMITH, Attorney-in-Fact for Allen W.

Troub

**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 2000 Stock Incentive Plan.
- (2) The option vests in three equal annual 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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