

LABORATORY CORP OF AMERICA HOLDINGS
 Form 3
 June 07, 2005

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 Miller Benjamin R (Last) (First) (Middle) 231 MAPLE AVENUE (Street) BURLINGTON, Â NC Â 27215 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/03/2005	3. Issuer Name and 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) EVP, Oncology Products & Serv	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
---	--	--	---	--	---

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	2,200	D	Â
Common Stock	530.8678	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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: LABORATORY CORP OF AMERICA HOLDINGS - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Non-qualified Stock Option	06/05/2001 ⁽¹⁾	06/06/2010	Common Stock	3,100	\$ 17.6875	D	Â
Non-qualified Stock Options	08/16/2001 ⁽¹⁾	08/16/2010	Common Stock	2,000	\$ 26.7031 ⁽²⁾	D	Â
Non-qualified Stock Options	02/05/2002 ⁽¹⁾	02/05/2011	Common Stock	6,000	\$ 33.0625	D	Â
Non-qualified Stock Options	02/14/2003 ⁽¹⁾	02/14/2012	Common Stock	6,000	\$ 43.53	D	Â
Non-qualified Stock Options	02/19/2004 ⁽¹⁾	02/19/2013	Common Stock	6,000	\$ 24.46	D	Â
Non-qualified Stock Options	03/25/2004 ⁽¹⁾	03/25/2013	Common Stock	8,600	\$ 28.18	D	Â
Non-qualified Stock Options	02/17/2005 ⁽¹⁾	02/17/2014	Common Stock	14,600	\$ 39	D	Â
Non-qualified Stock Options	03/01/2006 ⁽¹⁾	03/01/2015	Common Stock	10,000	\$ 47.89	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Miller Benjamin R 231 MAPLE AVENUE BURLINGTON, NC 27215	Â	Â	Â	Â
			EVP, Oncology Products & Serv	

Signatures

By: /s/ BRADFORD T. SMITH, Attorney-in-Fact for Benjamin Miller

06/07/2005

**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) The option vests in three equal annual installments beginning on the date reflected in this column.

(2) Actual exercise price was \$26.703125. The filing software truncates the price to only four decimal places.

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.