

Hayes William B
Form 3
March 17, 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Hayes William B</p> <p>(Last) (First) (Middle)</p> <p>430 SOUTH SPRING STREET</p> <p>(Street)</p> <p>BURLINGTON,Â NCÂ 27215</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/10/2005</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>LABORATORY CORP OF AMERICA HOLDINGS [LH]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Sr. Vice President</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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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	15,000 ⁽¹⁾	D	Â

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

SEC 1473 (7-02)

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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			

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				Shares		(I) (Instr. 5)	
Non-qualified Stock Options ⁽²⁾	02/14/2003 ⁽³⁾	02/14/2012	Common Stock	14,600	\$ 43.53	D	Â
Non-qualified Stock Options ⁽⁴⁾	02/19/2004 ⁽³⁾	02/19/2013	Common Stock	9,733	\$ 24.46	D	Â
Non-qualified Stock Options ⁽²⁾	03/25/2004 ⁽³⁾	03/25/2013	Common Stock	5,400	\$ 28.18	D	Â
Non-qualified Stock Options ⁽²⁾	02/17/2005 ⁽³⁾	02/17/2014	Common Stock	20,000	\$ 39	D	Â
Non-qualified Stock Options ⁽²⁾	03/01/2006 ⁽³⁾	03/01/2015	Common Stock	15,000	\$ 47.89	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hayes William B 430 SOUTH SPRING STREET BURLINGTON, NC 27215	Â	Â	Â Sr. Vice President	Â

Signatures

By: /s/ BRADFORD T. SMITH,
ATTORNEY-IN-FACT FOR

03/17/2005

__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) Amount shown reflects a 2-for-1 stock split effective on May 10, 2002.
- (2) Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2000 Stock Incentive Plan.
- (3) The option vests in three equal annual installments beginning on the date reflected in this column.
- (4) Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 1994 Stock Incentive Plan.

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.