

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)

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

## Edgar Filing: Hayes William B - Form 3

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