#### Edgar Filing: Ratliff John D - Form 4

Ratliff John Form 4												
February 14	ЛЛ										APPROVAL	
UNITED STATES SECON						AND EX 1, D.C. 2			OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				NGES	IN				NERSHIP OF		imated average den hours per	
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the l	Public U	Jtility I	Hol	lding Co	mpar	•	e Act of 1934, 1935 or Sectio 0	n		
(Print or Type	Responses)											
Ratliff John D Sy				RATO	RY	d Ticker o 7 CORP LDINGS	OF		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mc				of Earlie Day/Yea 2019		Fransactior	I		Director      10% Owner        XOfficer (give title      Other (specify below)         below)       below)         CEO, Covance Drug Development			
BURLING	(Street) TON, NC 27215		4. If Am Filed(Mo			Date Origin ar)	al		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting	Person	
(City)	(State)	(Zip)	77 - 1	1. T N	1		G	•	Person	f D f		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed			3. Transa Code (Instr.	etic 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties Ad spose 4 and (A) or	cquired d of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	7. Nature of rship Indirect Beneficial t (D) Ownership irect (Instr. 4)	
Common Stock	02/12/2019			M	·	1,463	A	<u>(1)</u>	16,255	D		
Common Stock	02/12/2019			F <u>(2)</u>		654	D	\$ 146.59	15,601	D		
Common Stock									40	I	By revocable trust	
Common Stock									80 <u>(3)</u>	I	By irrevocable trust	

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

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Numbe orDerivative Securities Acquired Disposed (Instr. 3, 4	e (A) or of (D)	6. Date Exercisab Expiration Date (Month/Day/Year		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Restricted Stock Unit	<u>(1)</u>	02/12/2019		М		1,463	(4)	(4)	Commor Stock
Restricted Stock Unit	<u>(1)</u>	02/12/2019		А	5,300		(6)	<u>(6)</u>	Commor Stock
Non-qualified Stock Options	\$ 146.59	02/12/2019		А	21,800		02/12/2020(8)	02/11/2029	Commor Stock

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Ratliff John D 531 SOUTH SPRING STREET BURLINGTON, NC 27215			CEO, Covance Drug Development					

## Signatures

/s/ Sandra D. van der Vaart, Attorney-in-Fact for John D. Ratliff <u>"\*</u>Signature of Reporting Person Date

### **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(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) Each Restricted Stock Unit represents the contingent right to receive one share of Laboratory Corporation of America Holdings Common Stock.
- (2) Stock withholding to satisfy tax withholding obligations.

(3) The reporting person is not a trustee of the irrevocable trust and disclaims beneficial ownership of the shares.

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- (4) The Restricted Stock Units that have vested were part of a grant that vests in three equal annual installments beginning on 2/12/19.
- (5) This number reflects the aggregate number of Restricted Stock Units held by the reporting person.
- (6) The Restricted Stock Units vest in three equal annual installments beginning on 2/12/2020.
- (7) Employee stock option (right to buy) granted pursuant to the Laboratory Corporation of America Holdings 2016 Omnibus Incentive Plan.
- (8) The option vests in three equal 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.