## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Funck Robert E					2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ ABT ]										elationship of eck all applio Directo	cable) or	ig Perso	10% Ow	vner	
(Last) (First) (Middle) 100 ABBOTT PARK ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2015										X Officer (give title below) Other (specify below)  Vice President, Controller					
(Street) ABBOTT PARK IL 60064					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person	1 **		·		
		Tak	le I - No	n-Deri	vativ	e Se	curitie	s Ac	quired,	Dis	posed o	of, or	Bene	eficiall	y Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Dispose Code (Instr. 5)			Securities Acquired (A) or posed Of (D) (Instr. 3, 4 ar			nt of s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Common	shares with	out par value		02/2	0/201	15			A		7,819	(1)	A	\$0	\$0 74,370		]	D		
Common	shares with	nout par value													15,8	15,891 <sup>(2)</sup>			Profit Sharing Frust	
Common shares without par value															50	500 <sup>(3)</sup>			By daughter	
Common shares without par value															50	0(3)			By laughter	
		-	Table II -						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of		6. Date Ex Expiration (Month/Da	n Date		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F llly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	N C	Amount or Number of Shares						
Option (right to	\$47	02/20/2015			A		55,097		02/20/201	.6 0	2/19/2025	Com sha		55,097	\$0	55,09	7	D		

## **Explanation of Responses:**

- 1. These shares represent performance vested restricted stock awards under the Abbott Laboratories 2009 Incentive Stock Program. The awards have a 5-year term, with no more than 1/3 of the award vesting in any one year upon Abbott reaching a minimum return on equity target. The awards include the right to have stock withheld for tax purposes.
- 2. Balance in the Abbott Laboratories Stock Retirement Trust as of February 20, 2015.
- 3. The reporting person disclaims beneficial ownership of all securities held by his daughter.
- 4. Employee stock option granted pursuant to the Abbott Laboratories 2009 Incentive Stock Program in a transaction exempt from Section 16 under Rule 16b-3. The option becomes exercisable in annual increments of 18,366 on 2/20/16, 18,365 on 2/20/17, and 18,366 on 2/20/18.

John A. Berry, Attorney-in-Fact 02/24/2015 for Robert E. Funck

\*\* Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.