FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 0.5

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

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*  Michael Edward L					2. Issuer Name <b>and</b> Ticker or Trading Symbol ABBOTT LABORATORIES [ ABT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														Dir	ector	10	% Owner		
(Local (First) (Alidde)						Date of Earliest Transaction (Month/Day/Year)								$\dashv$		cer (give title ow)		ner (specify ow)	
(Last) (First) (Middle)						12/31/2009									Executive V	/ice Preside	ent		
100 ABBOTT PARK ROAD																			
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) ABBOTT PARK IL 60064-6400			00									'	- /	Form filed by One Reporting Person					
														Form filed by More than One Reporting					
(City)	(St	ate) (	Zip)											Pe	rson				
		Tab	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally Owi	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3, 8)				nd Seci Ben Owr	nount of irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect					
									Code	v	Amount	1)	A) or D)	Price	Tran	saction(s) r. 3 and 4)		(1134: 4)	
Common shares without par value 12/31/2				2009		F		7,890		D	\$54	.54	168,684	D					
		Та									sed of, onvertib				y Owne	d			
. Title of Derivative Security Security Instr. 3)  2. Conversion or Exercise Price of Derivative Security Security  3. Transaction Date (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
	Code V		v	(A)	(D)	Date Exercisal		Expiration Date	Title	Nur of Sha	nber res								

**Explanation of Responses:** 

John A. Berry, by power of attorney for Edward L. Michael 01/05/2010

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).