FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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|---|--|--|---|---|---|---------|------------|---------|---------------|---|-----------------|----------------|--|--------------------------------|---------------------------|---|--|--|--|--|
| 1. Name and Address of Reporting Person* <u>Alpern Robert J</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ABT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | [IDDOTT DIDOTTIONED [IDT] | | | | | | | | | 1 | X Direct | or | | 10% C | wner | |
| (Last) | ` | irst) ET, C203 SHM | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2015 | | | | | | | | Office below | r (give title) | | Other (below) | specify | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | | | | | | | |
| (Street) NEW H | | | 06520 | | 4.11 | Anc | namen | , Date | , or one | gmarr | iicu | (Monave | ouy reury | | Lin | e) <mark>X</mark> Form | filed by One | e Rep | oorting Pers | on |
| (City) | (8 | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | ative | Sec | curitie | es A | cquir | ed, D | isp | osed | of, or B | enef | icial | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Dat | | | on Date | Code (Ins | | | | | 4 and Securit | | cially (D) Following (I) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | C | ode \ | / | Amount | ount (A) or (D) | | rice | Transac | saction(s) r. 3 and 4) | | | (111311. 4) | | |
| | 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 Da if any (Month/Day/ | ate, T | 4. Transaction Code (Instr. 8) | | | | Expira | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exerc | isable | Ex Da | piration te | Title | Amo or Num of Shai | ber | | | | | |
| Stock Equivalent | \$0 ⁽¹⁾ | 09/30/2015 | | | A | | 195 | | (: | 1) | | (1) | Common | 19 | 95 | \$40.22 | 4,789 ⁽²⁾ |) | D | |

Explanation of Responses:

- 1. Director fees credited to a stock equivalent unit account under a grantor trust established by the director and paid, in cash, generally at age 65 or upon retirement from the board. The stock equivalent units earn the same return as if the fees were invested in Abbott stock.
- 2. Balance includes stock equivalent units acquired pursuant to a dividend reinvestment feature.

John A. Berry, by Power of Attorney for Robert J. Alpern

10/02/2015

** Signature of Reporting Person

Date

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.