#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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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 APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance	0.5								

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 YOOR BRIAN B																or Reportinç cable) or	1	)% Ow	ner
(Last)	(F BOTT PAR	,	(Middle)	1		3. Date of Earliest Transaction (Month/Day/Year) 08/08/2019								X				Other (specify below)	
(Street) ABBOTT PARK IL 60064-6400					4.	If Amer	ndmer	nt, Date	of Orig	inal Fil	ed (Month/Da		6. 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	ole I - N	lon-Deri	ivativ	e Sec	curit	ies A	cquire	ed, D	isposed o	f, or B	enefici	ally (	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, ar) if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefici Owned I		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ct c	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common shares without par value			08/08/2019				M		11,400	A	\$34.9	1.94 125		25,781					
Common shares without par value		08/08/2019				M		32,363	A	\$39.1	12 158		3,144	D					
Common	shares with	out par value		08/08/2	2019				S		43,763	D	\$85.77	35 <sup>(1)</sup>	114,381		D		
Common shares without par value												2,2			I		Profit Sharing Trust		
			Table I								posed of, , converti				wned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of ative		3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.			6. Date Exercisable Expiration Date (Month/Day/Year)		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivat Securit			Owners Form: Direct ( or Indir	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					
Option (right to buy) <sup>(3)</sup>	\$34.94	08/08/2019			M			11,400	02/15	5/2016	02/14/2023	Commor shares	11,40	00	\$0	0		D	
Option (right to	\$39.12	08/08/2019			M			32,363	02/21	1/2017	02/20/2024	Commor shares	32,36	3	\$0	0		D	

# Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$85.50 to \$86.21, inclusive. The reporting person undertakes to provide to Abbott Laboratories, any security holder of Abbott Laboratories, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 2. Balance in the Abbott Laboratories Stock Retirement Trust as of August 8, 2019.
- 3. Employee stock option granted pursuant to the Abbott Laboratories 2009 Incentive Stock Program, in a transaction exempt from Section 16 under Rule 16b-3.

### Remarks:

These transactions were made pursuant to a previously adopted plan complying with Rule 10b5-1(c).

Jessica H. Paik, by power of attorney for Brian B. Yoor

\*\* Signature of Reporting Person

08/09/2019

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.