FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

0.5

hours per response:

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 Sec | 11011 30(1 | i) OI trie | e invesimen | Con | ірапу Ас | 1 01 1940 | | | | | | | |
|--|---|--|---|---------|--|------------|--|-----------------------------------|--|--|---|------------------------|---|----------------------------|----------------------|---|---|--|
| Name and Address of Reporting Person* OSBORN WILLIAM A | | | | | 2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ABT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | - 1 | | | | | | | • | | X | Direct | or | | 10% O | wner |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2009 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| 100 ABBOTT PARK ROAD | | | | L | | | | | | | | | | | | | | |
| | | | | [· | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | _ine) | | | | | |
| ABBOTT PARK IL 60064-6400 | | | | | | | | | | | X | Form | | | | | | |
| | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | rting | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | F 6130 | "" | | | |
| | | Tab | le I - Non-D | Derivat | ve S | ecuriti | es A | cauired. | Disi | oosed | of. or Be | enefic | iallv | Owne | d | | | |
| 4 Tidl64 | 0 | | | | | 2A. Dee | | | | | | | | 5. Amo | | c 0 | marahin | 7 Noture |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | ate | | Executi if any (Month/ | on Dat | e, Transa Code (I | , Transaction D Code (Instr. 5 | | securities Acquired (A) posed Of (D) (Instr. 3, | | | Securit Benefic | ies | Form: (D) or | Ownership orm: Direct o) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | l` | • | ` | | | (A) | - T | | Reporte Transac | ed i | | ` ′ | (Instr. 4) | |
| | | | | | | | | Code | ٧ | Amount | | " Prid | e | (Instr. 3 | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| | | ' | | | | | | s, option | | | • | | • | wiieu | | | | |
| 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) | Cod | nsactio le (Insti | | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | | | Ownersh Form: y Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | | | | | | | | Amour or | | | | | | |
| | | | | Cod | le V | (A) | (D) | Date Exercisable | | cpiration ate | Title | Number of Shares | | | | | | |
| Stock equivalent | \$0 ⁽¹⁾ | 03/31/2009 | | A | | 503 | | (1) | | (1) | Common Shares | 503 | T | \$47.7 | 2,137 ⁽²⁾ | | D | |

Explanation of Responses:

- 1. Director fees credited to a stock equivalent unit account under a grantor trust established by him 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 William A. Osborn 04/02/2009

** 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.