FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 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* FREYMAN THOMAS C						2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ ABT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (also title Other (case) to					
(Last) (First) (Middle) 100 ABBOTT PARK ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/26/2009									X Officer (give title Other (specify below)  Executive Vice President					
(Street) ABBOTT PARK IL 60064-6400					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person  Form filed by More than One Reporting				
(City) (State) (Zip)					Person														
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				saction	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. Transaction Code (Instr.		4. Securities Acquired (A) obsposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s illy ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) or (D)		.	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common shares without par value 01/2					26/200	9			G	V	1,693	3 D	\$	\$0 316,7		,733	D		
Common shares without par value 02/02					04/200	9			M		20,88	20,882 A S		2.55	337,615		D		
Common shares without par value 02/04					04/200	2009		F		19,77	0,778 D \$		5.98	317,837		D			
Common shares without par value															20,8	95(1)		I	Profit Sharing Trust
Common shares without par value 01/26/					26/200	2009		G	v	370	A	A \$0		1,567(2)				By daughter	
Common shares without par value 01/26/					26/200	2009		G	V	370	A	\$	<b>\$</b> 0 1,567 <sup>(2)</sup>		67 <sup>(2)</sup>			By self for son	
Common shares without par value 01/26/					26/200	/2009			G	G V		A	\$	0	1,567(2)				By self for son
			Table II -									or Bend ble secu			wned				
L. Title of Derivative Security Unstr. 3)  2. Conversion Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)			Execution Date, T if any C		4. Transa Code ( 8)		5. Number 6		6. Date Expiration (Month/Date	n Date	е	of Securit Underlyin Derivative	Securities		I. Price of berivative derivative security lnstr. 5) Beneficio Owned Followin Reported Transaci (Instr. 4)		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amour or Number of Shares	er					
Common shares without par value <sup>(3)</sup>	\$52.55	02/04/2009			M			20,882	07/30/200	07 (	02/10/2010	Common shares	20,88	32	\$0	0		D	

## **Explanation of Responses:**

- 1. Balance in the Abbott Laboratories Stock Retirement Trust as of February 4, 2009.
- 2. The reporting person disclaims beneficial ownership of all securities held by his daughter and sons.
- 3. Employee stock option granted pursuant to the Abbott Laboratories 1996 Incentive Stock Program, including a replacement option feature, in a transaction exempt from Section 16 under Rule 16b-3.

John A. Berry, by power of attorney for Thomas C.

02/06/2009

<u>Freyman</u>

\*\* 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.