FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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*  REYNOLDS W ANN				2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ ABT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KEIN	JLD3 W	AININ			-							•		X	Direct			10% Ov	
(Last) 130 WES	(Fi ST 67TH ST	,	(Middle)			Date of 18/20		est Trans	saction (	Month	n/Day/Year)				Office below	r (give title )		Other (s below)	specify
APT. 21/	A				4. It	f Amer	ndmer	nt, Date o	of Origin	al File	d (Month/D	ay/Year)			vidual or	Joint/Grou	p Filing (	(Check Ap	plicable
(Street) NEW YO	ORK N	Y	10023											_ine) X		filed by On filed by Mo		J	
(City)	(S	tate)	(Zip)																
		Tab	le I - No	on-Deriv	/ative	Sec	uriti	ies Ac	quired	l, Dis	sposed o	of, or Be	enefici	ially	Owne	d			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		d (A) or r. 3, 4 an	Beneficia Owned Fe		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct II ndirect B r. 4) C	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)		"	nstr. 4)
Common	shares with	out par value		01/18/	2007				М		1,383	A	\$31.	427	38,	,385	D	)	
Common	shares with	out par value		01/18/	2007				S		1,383	D	\$52	.47	37,	,002	D	)	
Common shares without par value														1,69	<b>)7</b> <sup>(1)(2)</sup>	I	h s e	oy nusbands implified employee olan	
Common shares without par value														724	<b>4</b> (1)(2)	I	h	y iusbands RA	
		Т	able II								osed of,				wned				
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Date Execution Date, (Month/Day/Year) if any		med on Date,	4. Transacti Code (Ins		5. Number of			Exercison Dat	sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. P Der Sec (Ins	Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Over the second of the second	o. wnership orm: irect (D) r Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares	er					
Option (right to buy) <sup>(3)</sup>	\$31.427	01/18/2007			M			1,383	06/30/19	997	06/29/2007	common shares	1,383	3	\$0	0		D	

## **Explanation of Responses:**

- 1. Includes shares acquired under the Abbott Laboratories Dividend Reinvestment and Stock Purchase Plan. These transactions were exempt from Section 16 under Rule 16a-11.
- 2. The reporting person disclaims beneficial ownership of all securities held by her husband.
- 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(b) under Rule 16b-3.

## Remarks:

This exercise and sale are being made pursuant to a previously adopted plan complying with Rule 10b5-1(c). The plan was adopted on June 7, 2006.

John A. Berry, by power of attorney for W. Ann Reynolds

01/22/2007

\*\* 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.