| SEC Form 4 |
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Stock

Units

Equivalent

(1)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | JVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burg | len |
| hours per response: | 0.5 |

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

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* Gonzalez Patricia Paola | | | | | 2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ABT] | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|---|---|--|---------------|--|----------------------------------|---|--|--|-------------|--|--|---|
| | | | | | | | | | | | | X Directo | | | 10% Ov | |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | below | r (give title) | | Other (s below) | specity | |
| 100 ABI | BOTT PAR | K ROAD | | 05/51/ | 2025 | | | | | | | | | | | |
| , | | | | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | (00(1 | | | | | | | | | , | filed by On | e Rep | orting Perso | n |
| ABBOTT PARK IL 60064 | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | Perso | n | | | |
| | | Tab | le I - Non-De | rivative Se | ecurities A | cquired | l, Dis | posed | of, d | or Ben | eficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) Date (Month/D | | | ansaction th/Day/Year) | Execution Date, Transaction Disposed Of (D) (Instr. 3 | | | | Securitie Benefici Owned | Securities Fo Beneficially (D | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | Code V Amount (A) or (D) | | | | | | (A) or (D) | Price | | | Transac | | | | | |
| 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 Date, if any (Month/Day/Yea | 4. Transactio Code (Inst ') 8) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date

Exercisable

(1)

(A) (D)

325

| 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 shares |

03/31/2023

2. Balance includes stock equivalent units acquired pursuant to a dividend reinvestment feature

/s/ Patricia Paola Gonzalez by

Amount or Number

Shares

325

of

Expiration Date

(1)

Title

Common

Shares

Jessica H. Paik, Attorney-in-04/04/2023 Fact

\$101.26

1,894⁽²⁾

D

** 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).

Code ν

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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.