FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

Instruc	tion 1(b).			Filed							ties Exchang mpany Act o		1934		Lilouis	perio		0.0	
1. Name and Address of Reporting Person*  CAPEK JOHN M					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 X Officer (give title Other (specify below) EXECUTIVE VICE PRESIDENT						
(Last) (First) (Middle) 100 ABBOTT PARK ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022															
(Street) ABBOT PARK (City)	IL		0064 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fori Fori	′				
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acc	quired	, Dis	posed of	, or B	enefic	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execu		Deemed cution Date, ny nth/Day/Year)				Disposed O	es Acquired (A) Of (D) (Instr. 3, 4		nd Secu Bene Owne	nount of rities ficially ed Following	Fori	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Repo Trans (Instr	action(s) 3 and 4)			(Instr. 4)	
Common shares without par value 02/28/20					2022		F		7,086	D	\$122	.41 3	329,835		D				
		Tal	ole II								osed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			3 and 4	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code V			(D)	Date Exercis	cable	Expiration		Number of Shares						

**Explanation of Responses:** 

/s/ John M. Capek by Jessica H. Paik, Attorney-in-Fact

03/02/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.