FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burd	en									
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).

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* Mason Heather L						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 (give title Other (specify				
(Last) (First) (Middle) 100 ABBOTT PARK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2009								X	below) below) Senior Vice President			
(Street) ABBOTT PARK IL 60064 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Grou Line) X Form filed by Original Filed by Merson									n filed by One n filed by Mor	e Reporting Pers	son	
				on-Deriv	ative	Sec	uritie	s Ac	quired	I, Dis	sposed of	f, or E	Benefi	cially	Owne	ed		
1. Title of Security (Instr. 3)			2. Transac	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securitie Benefici Owned F		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	e		ted action(s) 3 and 4)		(Instr. 4)
Common shares without par value					11/02/2009						4,200	D	\$5	\$50.96		14,069	D	
Common	11/02/	,		S		400	D	\$5	\$50.961		13,669	D						
Common shares without par value 11					2009			S		8,800	D	\$	\$50.9		04,869	D		
Common shares without par value 11/0					2009				S		100	D	\$50	0.9011	1	04,769	D	
Common shares without par value 11/0					2009				S		400	D	\$5	\$50.901		04,369	D	
Common shares without par value 11/02					2009				S		400	D \$50.9		50.94	103,969		D	
Common shares without par value 11/02/2					2009				S		300	D	\$5	\$50.93		03,669	D	
Common shares without par value 11/02/				11/02/	2009				S		100	D	\$50.95		1	03,569	D	
Common shares without par value 11				11/02/	2009)		S		100	D	\$5	\$50.965		03,469	D		
Common shares without par value 11/02				11/02/	2009			S		100	D	\$5	\$50.92		03,369	D		
Common shares without par value 11/02/20					2009)09		S		100	D	\$5	\$50.89		03,269	D		
		Ta	able II -								osed of, convertib				wned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution Date (Month/Day/Year) (Month/Day/Year)			med on Date,	4. Transac Code (In		5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		isable and ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pi Deri Seci (Insi	ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares	er				

Explanation of Responses:

Remarks:

These transactions were made pursuant to a previously adopted plan complying with Rule 10b5-1(c).

John A. Berry, by power of attorney for Heather L. Mason ** Signature of Reporting Person

11/04/2009

Date

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

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.

^{*} 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).