FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

W	as	hing	ton,	D.C.	20549	

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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

	(3)				or S	Section	1 30(h)	of the I	Investme	ent Co	mpany Act	of 1940)							,
		Reporting Person* DRATORIES				OVA.			ker or Tr EDIC		Symbol OPTICS	SINC	2[all appl Direct	icable) or	2	rson(s) to Is	Owner
(Last) 100 ABE	(Fii OTT PARF	,	Middle)			ate of 25/20		st Trans	saction (I	Month	/Day/Year)					below	r (give title)		Other below	(specify)
(Street) ABBOT	ΓPARK IL		50064 Zip)		4. If	Amen	dment,	, Date o	of Origina	al File	d (Month/Da	ay/Year	·)		Indivi ne)	Form	filed by On	ne Rep	ng (Check A porting Pers an One Rep	son
				n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Ben	eficia	lly C	Owne	d			
1. Title of S	Security (Inst			2. Transac Date (Month/Da	ction	2A. Exe	Deeme cution	ed	3. Transa Code (8)	ction	4. Securitie Disposed 0	s Acqu	uired (A) or	5) 5	5. Amou Securitie Benefici Owned F	int of es ally Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A	A) or D)	Price	1	Reporte Fransaci Instr. 3	tion(s)			(Instr. 4)
Common	Stock ⁽¹⁾⁽²⁾⁽³⁾			02/25/	2009				P		56,395,9	14	A	\$22	2	58,84	46,214		I	By wholly owned subsidiary
		Та	ble II -								osed of, convertib			-	/ Ow	vned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	on Date,	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired r osed) : 3, 4	6. Date Expirati (Month/	ion Da		7. Titl Amou Secur Under Derive Secur and 4	int of rities rlying ative rity (In			rative rity . 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y	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 Nur of	ount mber ares						
1. Name an	d Address of	Reporting Person*																		

1. Name and Address of ABBOTT LAB		
(Last)	(First)	(Middle)
100 ABBOTT PAR	K ROAD	
(Street)		
ABBOTT PARK	IL	60064
(City)	(State)	(Zip)
1. Name and Address of Rainforest Acqu		
		(Middle)
Rainforest Acqu	(First)	(Middle)
Rainforest Acque	(First)	(Middle)
(Last) 100 ABBOTT PAR	(First)	(Middle) 60064

Explanation of Responses:

^{1.} This form is a joint filing by Abbott Laboratories ("Abbott") and Rainforest Acquisition Inc., a wholly-owned subsidiary of Abbott (the "Purchaser"). This Form 4 relates to shares of common stock, par value \$0.01 per share (the "AMO Common Stock"), and the associated preferred stock purchase rights issued in connection with the Rights Agreement, dated June 24, 2002, by and between Advanced Medical Optics, Inc., a Delaware corporation ("AMO"), and Mellon Investor Services, LLC (together with the AMO Common Stock, the "AMO Shares"), of AMO.

^{2.} The AMO Shares that are the subject of this report were acquired by the Purchaser upon the expiration of the Purchaser's offer to purchase all of the outstanding AMO Shares as disclosed in the Tender Offer Statement on Schedule TO, as amended or supplemented, initially filed with the Securities and Exchange Commission on January 27, 2009 by Abbott and the Purchaser.

^{3.} Includes 6,657,258 AMO Shares tendered through guaranteed delivery procedures.

/s/ William J. Chase, Vice President and Treasurer

/s/ William J. Chase, Vice President and Treasurer

02/25/2009

02/25/2009

** 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.