FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFIC	IAL OWNERSHIP

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	OMB Number:		3235-028
- 1	Fatimated average	hurda	

87 Estimated average burden hours per response: 0.5

OMB APPROVAL

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* WOODGRIFT RANDEL WILLIAM					2. Issuer Name and Ticker or Trading Symbol ABBOTT LABORATORIES [ABT]									all applic Directo	r	g Perso	10% Ow	Owner	
(Last)	(F BOTT PAR	First) K ROAD	(Middle)	1		Date of 1/23/20		Earliest Transaction (Month/Day/Year)						X	below)	Officer (give title below) Senior Vice President			pecify
(Street)	eet) BBOTT PARK IL 60064				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(5	State)	(Zip)												Persor	1			
		Tak	ole I - I	Non-Deri	ivativ	e Sec	urit	ies A	cquire	ed, D	isposed o	f, or B	enefici	ally	Owned				
		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefici		es ally Following	6. Owr Form: (D) or (I)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
									v	Amount (A) or (D)		Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common shares without par value 10/23/2			2019	9		M		16,000	A	\$38	38.4 6		3,562		D				
Common shares without par value 10/			10/23/2	2019	19		S		16,000	D	\$80.51	.97(1)	52	,562		D			
Common shares without par value 10/23/20			2019	S		5,000	D	\$80	\$80.6 47		7,562		D						
Common shares without par value														2,7	93 ⁽²⁾		I	Profit Sharing Trust	
			Table						•	•	sposed of, , converti			•	wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)			if any	emed ion Date, /Day/Year)	ate, Transact Code (In:				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V (A)		(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er					
Option (right to buy) ⁽³⁾	\$38.4	10/23/2019			M			16,000	02/19	9/2019	02/18/2026	Commo shares	ⁿ 16,00	00	\$0	2,333		D	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$80.41 to \$80.70, inclusive. The reporting person undertakes to provide to Abbott Laboratories, any security holder of Abbott Laboratories, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 2. Balance in the Abbott Laboratories Stock Retirement Trust as of October 23, 2019.
- 3. Employee stock option granted pursuant to the Abbott Laboratories 2009 Incentive Stock Program, in a transaction exempt from Section 16 under Rule 16b-3.

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

Jessica H. Paik, by power of attorney for Randel William

10/25/2019

Woodgrift

** 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.