## Edgar Filing: ASHLEY RICHARD W - Form 4

ASHLEY RI	CHARD W										
Form 4											
March 02, 20	012										
FORM								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB	3235-0287			
Check the	is box	VV.	asington	, D.C. 20	549			Number:	January 31,		
if no long		IENT OF CHA	NGES IN	GES IN BENEFICIAL OWNERS				Expires: 2005			
subject to Section 1	)			SECURITIES				Estimated average			
Form 4 o			Sheer	Sheekilles					burden hours per response 0.5		
Form 5	Filed pur	suant to Section	16(a) of th	e Securit	ies E	xchange	e Act of 1934,	100001100	0.0		
obligation	ns Section 17(	a) of the Public				-		1			
may cont See Instru		30(h) of the l	nvestment	Compan	y Act	t of 194	0				
1(b).											
	<b>`</b>										
(Print or Type I	Responses)										
1 Name and A	ddress of Reporting	Person* 2 Logo	or Nama and	Tieker or	Tradir	NG	5. Relationship of	Reporting Pers	on(s) to		
ASHLEY R	er Name and Ticker or Trading			Issuer							
		Symbol ABBC	OTT LABC	RATOR	IES [	ABT1					
(Lest)	(First) (I						(Checl	k all applicable	)		
(Last)	(First) (F	,	Date of Earliest Transaction Ionth/Day/Year)			Director 10% Owner					
100 ABBO	IT PARK ROAD		•				Officer (give	title Othe	er (specify		
		02,271	2012				below) Executiv	below) ve Vice Preside	ant		
	(Streat)	4 16 4									
			Amendment, Date Original (Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)					
		Flied(M	onui/Day/Tea	[)			_X_ Form filed by C	One Reporting Pe	rson		
ABBOTT P	ARK, IL 60064-0	5400					Form filed by M				
							Person				
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		Execution Date, if Transaction(A) or Disposed of (D) ny Code (Instr. 3, 4 and 5)			-	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)					Securities	Ownership Indire Form: Direct Benef	Indirect			
(Instr. 3)		(Month/Day/Year)				5)	Beneficially Owned	Ownership			
		(110111112 u), 1011	(1115111-0)				Following	(D) or Indirect (I)	(Instr. 4)		
					(A)		Reported	(Instr. 4)			
					or		Transaction(s) (Instr. 3 and 4)				
C			Code V	Amount	(D)	Price	(msu: 5 und 1)				
Common						¢					
shares	02/29/2012		F	17,073	D	\$ 57.04	308,993	D			
without par value						57.04					

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

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 control number.

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ASHLEY RICHARD W 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-6400			Executive Vice President					
Signatures								
John A. Berry, by power of attorney Ashley	W.	03/02/2012						
<u>**</u> Signature of Reporting Per	son		Date					
Explanation of Poon	00000							

## Explanation of Responses:

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.