#### **ABBOTT LABORATORIES**

Form 4 May 02, 2006

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

3. Date of Earliest Transaction

ABBOTT LABORATORIES [ABT]

Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Symbol

1(b).

(Last)

(Print or Type Responses)

**REYNOLDS W ANN** 

1. Name and Address of Reporting Person \*

(First)

(Middle)

130 WEST ( 21A		(Month/Day/Year) 04/28/2006						% Owner ther (specify	
			mendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR					Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	any	ecution Date, if	Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	(A) or (C) (A) or	<b>)</b> )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common shares without par value	04/28/2006		A <u>(1)</u>	2,127	A	\$0	37,002	D	
Common shares without par value							1,665 (2) (3)	I	By husband's simplified employee plan
Common shares without par							710 (2) (3)	I	By husband's IRA

#### Edgar Filing: ABBOTT LABORATORIES - Form 4

value

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Othe			
YNOLDS W ANN							

REYNOLDS W ANN 130 WEST 67TH STREET, APT. 21A X NEW YORK, NY 10023

#### **Signatures**

John A. Berry, by power of attorney for W. Ann Reynolds 05/02/2006

\*\*Signature of Reporting Person Date

## **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).
- These are restricted stock units awarded under the Abbott Laboratories 1996 Incentive Stock Program (the "Program"). They will be paid, (1) on a one-to-one basis, in Abbott common shares on the earlier of the date on which the director terminates or retires from the Board, dies, or the occurrence of a change in control (as defined in the Program).
- (2) Includes shares acquired under the Abbott Laboratories Dividend Reinvestment and Stock Purchase Plan. These transactions were exempt from Section 16 under Rule 16a-11.
- (3) The reporting person disclaims beneficial ownership of all securities held by her husband.

Reporting Owners 2

#### Edgar Filing: ABBOTT LABORATORIES - Form 4

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.