

LIPOSCIENCE INC
Form 3
October 03, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â LABORATORY CORP OF AMERICA HOLDINGS		(Month/Day/Year)	LIPOSCIENCE INC [LPDX]	
(Last)	(First)	(Middle)		
358 SOUTH MAIN STREET			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
BURLINGTON,Â NCÂ 27215			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0 ⁽¹⁾ ₍₂₎	I	See Footnotes ⁽¹⁾ ₍₂₎

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LABORATORY CORP OF AMERICA HOLDINGS 358 SOUTH MAIN STREET BURLINGTON, NC 27215	^	^ X	^	^

Signatures

/s/ F. Samuel
Eberts III

10/03/2014

Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The Reporting Person is filing this Form 3 solely due to entering into certain Voting Agreements by and among the Reporting Person and certain stockholders of LipoScience, Inc. (the "Voting Agreements"), pursuant to which the Reporting Person was granted an irrevocable proxy to vote 2,709,300 shares of the Issuer's common stock held by such stockholders (the "Issuer Common Stock"). The Voting

- (1) Agreements were entered into in connection with the Agreement and Plan of Merger, dated September 24, 2014, among the Reporting Person, Bear Acquisition Corp. and the Issuer (the "Merger Agreement"). The Reporting Person disclaims beneficial ownership of the shares of the Issuer Common Stock for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, and the filing of this Form 3 shall not be an admission that the Reporting Person is the beneficial owner for such purposes.
- (2) For additional information regarding the Voting Agreements and the Merger Agreement, see the Schedule 13D filed by the Reporting Person with the U.S. Securities and Exchange Commission on October 3, 2014.

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.