Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIAC Form 4 February 04, 2	GNOSTICS INC	2									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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							Sind3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> BONGIORNO THOMAS F			2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC [DGX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O QUEST INCORPORA FARMS	3. Date of Earliest Transaction(Month/Day/Year)02/02/2015					Director 10% Owner XOfficer (give title Other (specify below) below) VP and Corporate Controller					
				endment, Date Original nth/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 Person 			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative	Securi	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/02/2015			S	3,000	D	\$ 71.5	12,477 <u>(1)</u>	D		
Common Stock								3,164 <u>(2)</u>	I	401(k)	

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

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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)	Code	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other			
BONGIORNO THOMAS F C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940			VP and Corporate Controller				
Signatures							
/s/ William J. O'Shaughnessy, Jr., Attorney in Fact : Bongiorno	for Thom	as F.	02/04/2015				

<u>**</u>Signature of Reporting Person

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).
- (1) The amount includes exempt purchases made under the Company's stock purchase plan since the date of the last filing on Form 4.

These underlying shares were acquired on a periodic basis by the trustee of the Company's tax qualified Profit Sharing (401(k)) Plan. The information was obtained from the plan administrator as of a current date. The number of shares is based on the account balance of the

Date

(2) Information was obtained from the plan daministration as on a current date. The number of shares is based on the decount balance of the Company's stock as of that date.

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.