QUEST DIAGNOSTICS INC

Form 4

October 04, 2005

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).

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

(Print or Type Responses)

(Last)

(City)

1. Name and Address of Reporting Person *

HAGGERTY ROSANNE

(First)

(Middle)

(Street)

(State)

TETERBORO, NJ 07608

ONE MALCOLM AVENUE

2. Issuer Name and Ticker or Trading

Symbol

QUEST DIAGNOSTICS INC [DGX]

3. Date of Earliest Transaction (Month/Day/Year)

10/01/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Person

5. Amount of

Securities

Beneficially

X_ Director

Applicable Line)

Officer (give title

2. Transaction Date 2A. Deemed 1.Title of Security (Month/Day/Year) (Instr. 3)

(Zip)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

Owned Following Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

(D) or Indirect Beneficial

X Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

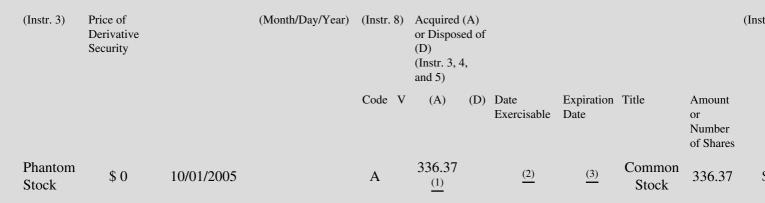
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8. Pı

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Secu

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Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

HAGGERTY ROSANNE
ONE MALCOLM AVENUE X
TETERBORO, NJ 07608

Signatures

Sirisha

Gummaregula 10/04/2005

**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).
- The Phantom Stock Units are accrued on a periodic basis under the Quest Diagnostics Incorporated (the "Company") Deferred

 Compensation Plan and are to be settled in cash based on the then fair market value of the common stock of the Company upon the Reporting Person's termination of services as a director of the Company. Reporting Person's current term expires in May 2008. The information was obtained from the plan administrator as of the current date.
- (2) Exercise date is not appplicable as this is not a stock option.
- (3) Expiration date is not applicable since this is not a stock option.
- (4) The total of 613.26 reflected in this column includes only the Phantom Stock Units credited on July 1, 2005 and October 1, 2005. Reporting Person has accrued a total of 3,896.56 Phantom Stock Units to date in her Deferred Compensation Account.

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.

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