Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

| QUEST DIAC Form 4 May 19, 2015 | GNOSTICS II | NC | | | | | | | | |
|---|---|---|---|--------------------|---|--|---------|--|--|--|
| FORM | 4 UNITE | 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 | | | | | | | OMB | 9PROVAL 3235-0287 |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir <i>See</i> Instruct 1(b). | r STATI Filed p sue. Section 1 | | | | | | | | Expires: Estimated a burden hou response | Number:January 31,Expires:2005Estimated averageburden hours perresponse0.5 |
| (Print or Type Re | esponses) | | | | | | | | | |
| 1. Name and Ad RING TIMO | 2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC [DGX] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) C/O QUEST DIAGNOSTICS INCORPORATED, 3 GIRALDA FARMS | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015 | | | | | X Director Officer (give below) | | 6 Owner er (specify |
| | (Street) | reet) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MADISON, | NJ 07940 | | | | | | | | More than One Ro | |
| (City) | (State) | (Zip) | Table | I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Execution any | emed on Date, if Day/Year) | Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, Amount | l (A) o l of (D |) | 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 (1) | 05/15/2015 | | | А | 2,340 | A | \$0 | 10,037 | D | |

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.

 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) | 2.3. Transaction Date (Month/Day/Year)3A. Dec ExecutionConversion or Exercise(Month/Day/Year)Execution any (Month Derivative Security | | Execution Date, if | Date, if Transaction Code /Year) (Instr. 8) | | Expiration D (Month/Day/ e | xpiration Date Month/Day/Year) | | tle and unt of erlying rities 3 and 4) | 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 O | wner Name / Addre | | | Relationshi % Owner | ps Officer Oth | ner | | | | |
| C/O QUE | MOTHY M ST DIAGN | OSTICS INCOR | PORATED | X | | | | | | | |

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Signatures

3 GIRALDA FARMS MADISON, NJ 07940

| /s/ William J. O'Shaughnessy, Jr., attorney in fact for Timothy M. Ring | 05/19/2015 | | |
|--|------------|--|--|
| <u>**</u> 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).
- (1) Represents an award of restricted share units.

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.