Edgar Filing: MORRISON DENISE M - Form 4

MORRISON	DENISE M											
Form 4												
February 20, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								COMMISSION	OMB APPROVAL			
	hington,		OMB Number:	3235-0287 January 31,								
Check this if no longe		x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										
subject to	LENT OF	CHAN			CIAI	NERSHIP OF	Estimated a	Estimated average				
Section 16. Form 4 or				SECUR	TIES					burden hours per		
Form 5 Filed pursuant to Section 16(a) of the Securities Exc						chang	response 0.5 nge Act of 1934					
obligation	^s Section $17(s$						-	f 1935 or Sectio	n			
may contin See Instruc	nue.			vestment (•	• •						
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssuerMORRISON DENISE MSymbol				Name and	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
			QUEST [DGX]	DIAGNC	STICS 1	INC		(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Date of 1			Earliest Transaction				_X_ Director10% Owner				
			(Month/Da	-				Officer (give titleOther (specifybelow)below)				
(Street) 4. If A			02/18/20)19								
				ndment, Dat	-			6. Individual or Joint/Group Filing(Check				
			Filed(Mont	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	, 113 07024							Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deen Execution any (Month/D	n Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesIBeneficially(OwnedI	5. Ownership Form: Direct D) or ndirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
G				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock (1)	02/18/2019			А	484	А	\$0	484	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	ransactionof ode Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)	
	Security				(A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0	02/18/2019	А		163		(2)	(2)	Common Stock	163	\$ 86.6

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
MORRISON DENISE M 500 PLAZA DRIVE SECAUCUS, NJ 07094	Х								
Signatures									
Elena H. Radine, Attorney-in-H Morrison		02/20/2019							
<u>**</u> Signature of Reporti		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).

Deletienshin

(1) Represents an award of restricted share units.

Phantom stock units resulting from elective deferrals of a director's cash compensation pursuant to the Quest Diagnostics Incorporated (2) Amended and Restated Deferred Compensation Plan for Directors and become payable in cash upon the reporting person's termination of service as a director.

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.