### **QUEST DIAGNOSTICS INC**

Form 4 April 04, 2006

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

HAGGERTY ROSANNE

2. Issuer Name and Ticker or Trading

Symbol

QUEST DIAGNOSTICS INC

[DGX]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 04/01/2006

1290 WALL STREET WEST

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

below)

Issuer

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Applicable Line)

\_X\_\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

LYNDHURST, NJ 07071

(City) (State) (Zip)

5. Amount of 3. 4. Securities

Code V Amount (D) Price

(A)

or

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed Execution Date, if (Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Month/Day/Year) (Instr. 3, 4 and 5)

Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

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 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise 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)

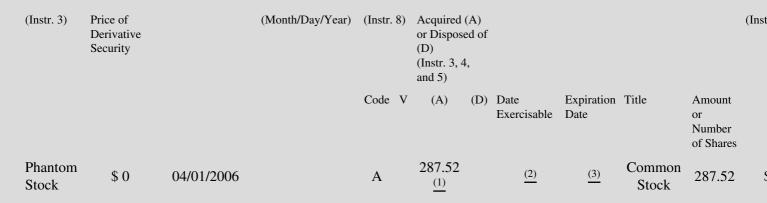
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### Edgar Filing: QUEST DIAGNOSTICS INC - Form 4



## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

HAGGERTY ROSANNE
1290 WALL STREET WEST X

LYNDHURST, NJ 07071

# **Signatures**

Leo C.

Farrenkopf, Jr. 04/04/2006

\*\*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 Deferred Compensation Plan and are to be settled in cash based on the then fair market value of the common stock of Quest Diagnostics Incorporated (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 reflected in this column includes only the Phantom Stock Units credited on July 1, 2005, October 1, 2005, January 1, 2006, and April 1, 2006. Reporting Person has accrued a total of 4,543.25 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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