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QUEST DI Form 4 April 04, 20	AGNOSTICS IN	C										
FORM										OMB A	PPROVA	۹L
	UNITED	STATES		RITIES A			NGE	COMMISSIO	DN	OMB Number:	3235	-0287
Check this box if no longer subject to Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per		ry 31, 2005 0.5
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 170	(a) of the l	Public U		lding Coi	npany	Act of	ge Act of 1934 of 1935 or Sect 940				
(Print or Type	Responses)											
1. Name and PFEIFFER	Address of Reporting GARY M	Person <u>*</u>	Symbol	er Name an Γ DIAGN			g	5. Relationship Issuer (Cł		Reporting Per		
(Mon			(Month/					ive ti	ve title10% Owner Other (specify below)			
Filed(Mo			(Month/Day/Year) Applicable Line) _X_ Form filed by C			oy Oi	vint/Group Filing(Check One Reporting Person fore than One Reporting					
LYNDHU	RST, NJ 07071							Person	5		1 0	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securi	ties Ac	quired, Disposed	l of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership orm: Direct orn Indirect nstr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip
				Code V	Amount	(D) 1	Price	(mout 5 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso	ons wh	o resp	indirectly. oond to the coll ined in this for			SEC 1474 (9-02)	

Persons who respond to the collection of SEC 14' information contained in this form are not (9-0) 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired or Dispos (D) (Instr. 3, 4 and 5)	sed of				(Inst	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0	04/01/2006		А		506.82 (1)		(2)	(3)	Common Stock	506.82	S

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
PFEIFFER GARY M 1290 WALL STREET WEST LYNDHURST, NJ 07071	Х								
Signatures									
Leo C. Farrenkonf Ir 04/0	14/2006								

Farrenkopf, Jr.04/04/2006**Signature of
Reporting PersonDate

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

(1) 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 2,458.75 Phantom Stock Units to date in his 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.