## Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIA Form 4 February 29	AGNOSTICS INC 2016								
FORM	1 /						PPROVAL		
	Washington, D.C. 20549					OMB Number:	3235-0287		
Check th if no long						Expires:	January 31, 2005		
subject to Section 1 Form 4 c	6. <b>STATEMENT</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per		
Form 5 obligatio may cont <i>See</i> Instr 1(b).	Filed pursuant ns Section 17(a) of the section 17(b) for the secti	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							
(Print or Type ]	Responses)								
1. Name and A Cohen Jon I	Address of Reporting Person R	Symbol	-			5. Relationship of Reporting Person(s) to Issuer			
		[DGX]	QUEST DIAGNOSTICS INC [DGX]			(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Tra (Month/Day/Year)	3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner Officer (give title Other (specify below) below)			
C/O QUES GIRALDA	Γ DIAGNOSTICS, 3 FARMS	02/25/2016			SVP, Diagnostic Solutions				
			te Original	6. Individual or Joint/Group Filing(Check					
MADISON	Filed(Month/Day/Year)	)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	any	on Date 2A. Deemed 3. 4. Se /Year) Execution Date, if Transaction(A) of		cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)			
G		Code V	(A) or Amount (D)	Price	(Instr. 3 and 4)				
Common Stock (1)	02/25/2016	А	4,511 A	\$0	66,183	D			
Common Stock	02/25/2016	F	458 <u>(2)</u> D	\$ 66.44	65,725 <u>(3)</u>	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.

## Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

 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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-Qualifed Stock Option (right to buy)	\$ 66.51	02/25/2016		А	58,392	<u>(4)</u>	02/25/2026	Common Stock	58,3

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Cohen Jon R C/O QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940			SVP, Diagnostic Se	olutions	
Signatures					
/s/ William J. O'Shaughnessy, J Cohen	Ir., Attorn	ey in Fact fo	or Jon R.	02/29/2016	
**Signature of I	Reporting Per	son		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.
- (2) Disposition of common stock to the issuer solely to cover tax withholding obligations arising from the vesting of a previous grant of restricted shares.
- (3) The amount includes exempt purchases made under the Company's stock purchase plan.
- (4) The options vest in three equal annual installments beginning on the first annual anniversary of the grant date.

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.