Edgar Filing: Simmons Wayne R. - Form 4

Simmons W Form 4	ayne R.										
March 08, 20	010										
FORM	14						NGEG		OMB AF	PROVAL	
	UNITEL) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	aar								Expires:	January 31, 2005	
subject to Section 1 Form 4 c Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange						Estimated a burden hour response	verage			
obligatio may com <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ding Cor	npan	y Act of	1935 or Section	I		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Simmons Wayne R.			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)			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2010					Director 10% Owner Officer (give title Other (specify below) below) Vice President, Operations			
			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							Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any		3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock Common	03/04/2010			Code V F	Amount 861 <u>(1)</u>		Price \$ 55.885	(Instr. 3 and 4) 36,062 (2)	D		
Stock								596 <u>(3)</u>	Ι	401(k)	

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.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Simmons Wayne R. C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940			Vice President, Operations			
Signatures						
/s/ William J. O'Shaughnessy, Jr., Attorney in Fact	for Wayr	ne R.	03/08/2010			

/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Wayne R.	03/08/201	
Simmons	03/08/201	
**Signature of Reporting Person	Date	

Explanation of Responses:

*	If the form is filed by more than one reporting person, <i>see</i> 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)	Disposition of common stock to the issuer solely to cover the tax withholding obligations arising from the vesting and settlement of a previous grant of restricted shares.
(2)	The amount includes exempt purchases made under the Company's stock purchase plan since the date of the last filing on Form 4.
(3)	These underlying shares were acquired on a periodic basis by the trustee of the Company's tax qualified Profit Sharing (401(k)) and/or Supplemental Deferred Compensation Plan. The information was obtained from the plan administrator as of a current date. The number of shares is based on the account balance of the Company stock fund under each Plan (which includes some money market instruments) divided by the market price of the Company stock as of that 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.