Edgar Filing: MCKEON BRIAN P - Form 4

MCKEON B Form 4											
August 03, 2 FORM Check thi if no long subject to Section 1	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 is box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF CH								OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average		
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	r Filed pu ^{ns} Section 17	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							burden hours per response 0		
(Print or Type F	Responses)										
MCKEON BRIAN P Symbol			er Name and Ticker or Trading X LABORATORIES INC /DE]				5. Relationship of Reporting Person(s) to Issuer				
[IDXX]							(Check all applicable)				
(Month/			3. Date of (Month/D 07/30/20	-				X Director 10% Owner Officer (give title Other (specify below) below)			
(Street) 4. If Amer Filed(Mon			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
STRATHA	M, NH 03885							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		ned n Date, if Day/Year)	3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	07/30/2009			А	298 <u>(1)</u>	А	\$ 50.29 (1)	13,239	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 Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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	or 10% Owner O		Other				
MCKEON BRIAN P								
200 DOMAIN DR	Х							
STRATHAM, NH 03885								
Signatures								
John B. Rogers, Attorney-in-Fa McKeon		07/30/2009						
<u>**</u> Signature of Reporting		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).

Represents deferred stock units acquired pursuant to the IDEXX Laboratories, Inc. Director Deferred Compensation Plan (the "Plan") in accordance with Rule 16b-3. The number of deferred stock units acquired is determined by dividing the amount of a Director's cash

 compensation deferred pursuant to the Plan (\$15,000) by the closing price of the IDEXX Laboratories, Inc. Common Stock on the date of the deferral. Deferred stock units are issuable only as common stock on a one-for-one basis one year following the Director's resignation from the Board of Directors.

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.