Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIA Form 4 October 02, 2	GNOSTICS INC	C									
FORM	IA								OMB AP	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer CTLATED ALE OF CHANCES IN DEDUEPICIAL OWNER							Expires:	January 31, 2005			
subject to	STATEN	AENT OI	F CHAN			ICIA	L OWN	ERSHIP OF	Estimated a	nated average	
Section 1 Form 4 o	Section 16. SECURITIES								burden hours per		
Form 5		suant to S	Section 1	6(a) of th	e Securi	ties F	Exchange	Act of 1934,	response	0.5	
obligation	ns Section 17(•	1935 or Section	L		
may cont <i>See</i> Instru 1(b).	inue.			vestment	•	· ·	•				
(Print or Type F	Responses)										
1. Name and Address of Reporting Person * 2. Issuer N ORDONEZ KATHY Symbol QUEST I [DGX]				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				DIAGN	OSTICS	INC		(Check all applicable)			
(Month/D			e of Earliest Transaction h/Day/Year)				Director		10% Owner		
							X Officer (give title Other (specify below)				
3 GIRALDA	A FARMS		09/30/2	012				SVP, Discovery & Development			
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MADISON,	NJ 07940							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	3. Transactio Code (Instr. 8)	4. Securi or(A) or Di (Instr. 3,	(A)	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)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	09/30/2012			F	239 <u>(1)</u>	D	\$ 63.185	10,400 <u>(2)</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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

De Se	Title of erivative ecurity astr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying ities . 3 and 4)	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		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer		Other			
ORDONEZ KATHY 3 GIRALDA FARMS MADISON, NJ 07940			SVP, Discovery & I	Development				
Signatures								
/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Kathy Ordonez								

**Signature of Reporting Person

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) Disposition of common stock to the issuer solely to cover tax withholding obligations arising from the vesting of a previous grant of restricted share units.

The amount includes approximately 4 shares acquired via dividend reinvestment since the date of the last filing on Form 4 pursuant to a (2) dividend reinvestment plan, sponsored by a broker-dealer, that essentially mirrors a dividend reinvestment plan sponsored by the

Date

registrant.

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.