Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIAC Form 4 April 02, 2013	GNOSTICS INC	C								
								OMB A	PPROVAL	
FORM	4 UNITED	STATES			AND EX 1, D.C. 20		E COMMISSION	NOMB Number:	3235-0287	
Check this if no longe								Expires:	January 31,	
subject to Section 16 Form 4 or	51AIEN 5.	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	urs per		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the l	Public U	Jtility Ho	lding Co		inge Act of 1934, t of 1935 or Sectio 1940	on		
(Print or Type Ro	esponses)									
1. Name and Address of Reporting Person <u>*</u> LEIDEN JEFFREY M			2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC			Ū.	5. Relationship of Reporting Person(s) to Issuer			
			[DGX]				(Check all applicable)			
(Last) (First) (Middle) C/O QUEST DIAGNOSTICS, 3			3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director 10% Owner Officer (give title Other (specify below) below)			
GIRALDA F		5, 5	04/01/2	2015						
	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 Form filed by More than One Reporting 						
MADISON,	NJ 07940						Person	More than One K	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			(A) or of (D) 4 and 5)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					or	Transaction(s) (Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	e for each cl	ass of sec	urities ben	eficially ow	ned directly	or indirectly.			
	·				Perso inforr requi	ons who re nation con red to resp ays a curre	spond to the colle tained in this form ond unless the for ently valid OMB co	i are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	r Beneficially Owned securities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securiti

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	· ·	(Month/Day/Year)		(Instr. 3 and 4)	
				Code N	7 (A) (I	D) Date Exercisable	Expiration Date	Title	Amou or Numb of Share	
Non-Qualifed Stock Option (right to buy)	\$ 76.065	04/01/2015		А	1,518	04/01/2015	04/01/2025	Common Stock	1,51	

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips				
Reporting owner runner runners	Director	10% Owner	Officer	Other			
LEIDEN JEFFREY M C/O QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940	Х						
Signatures							
William J. O'Shaughnessy, Jr., Attorney in Fact for Jeffrey M. Leiden, M.D., Ph.D. 04/02							
<u>**</u> Sig	Date						

**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).

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.