### **QUEST DIAGNOSTICS INC**

Form 4

February 16, 2010

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Expires:

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per

**OMB APPROVAL** 

response...

Form 5 obligations

may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* HAGEMANN ROBERT

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

QUEST DIAGNOSTICS INC

[DGX]

(Check all applicable)

SVP & Chief Financial Officer

(First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year) 02/11/2010

Director 10% Owner Other (specify X\_ Officer (give title below)

C/O QUEST DIAGNOSTICS INCORPORATED, 3 GIRALDA

(Street)

**FARMS** 

(Last)

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

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if (Month/Day/Year)

4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Ownership Beneficially Form: Direct Owned (D) or Indirect (I) **Following** Reported (Instr. 4)

7. Nature of Indirect Beneficial Ownership (Instr. 4)

(A) Code V Amount

(D) Price

Transaction(s) (Instr. 3 and 4)

Common 02/11/2010 Stock

2,305 \$ F D (1) 55.695

103,674 (2) D

Common Stock

 $1.745^{(3)}$ 

Ι

**SDCP** 

SEC 1474

(9-02)

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 | 2.          | 3. Transaction Date | 3A. Deemed                            | 4. 5. 6. Date Exercisable and |                         | 7. Titl         | e and              | 8. Price of | ٥          |            |   |
|-------------|-------------|---------------------|---------------------------------------|-------------------------------|-------------------------|-----------------|--------------------|-------------|------------|------------|---|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if                    | TransactionNumber             |                         | Expiration Date |                    | Amount of   |            | Derivative | J |
| Security    | or Exercise |                     | any                                   | Code                          | of                      | (Month/Day/     | Year)              | Under       | lying      | Security   | 5 |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year) (Instr. 8) Derivativ |                               | Se                      |                 | Securities         |             | (Instr. 5) | ]          |   |
|             | Derivative  |                     | •                                     |                               | Securities<br>Acquired  |                 |                    | (Instr.     | 3 and 4)   |            | ( |
|             | Security    |                     |                                       |                               |                         |                 |                    | `           |            |            | ] |
|             | J           |                     | (A) or                                |                               |                         |                 |                    |             |            | ]          |   |
|             |             |                     |                                       |                               | Disposed                |                 |                    |             |            |            | - |
|             |             |                     |                                       |                               | of (D)                  |                 |                    |             |            |            | ( |
|             |             |                     |                                       |                               | (Instr. 3,<br>4, and 5) |                 |                    |             |            |            |   |
|             |             |                     |                                       |                               |                         |                 |                    |             |            |            |   |
|             |             |                     |                                       |                               | .,                      |                 |                    |             |            |            |   |
|             |             |                     |                                       |                               |                         |                 |                    |             | Amount     |            |   |
|             |             |                     |                                       |                               |                         |                 | Expiration<br>Date | Title       | or         |            |   |
|             |             |                     |                                       |                               |                         |                 |                    |             | Number     |            |   |
|             |             |                     |                                       |                               |                         |                 |                    |             | of         |            |   |
|             |             |                     |                                       | Code V                        | (A) (D)                 |                 |                    |             | Shares     |            |   |

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

HAGEMANN ROBERT C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940

SVP & Chief Financial Officer

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

## **Signatures**

/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Robert Hagemann

02/16/2010

\*\*Signature of Reporting Person

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).
- 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 share units.
- (2) The amount includes exempt purchases made under the Company's stock purchase plan since the date of the last filing on Form 4.

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.

Reporting Owners 2