Edgar Filing: LEIDEN JEFFREY M - Form 4

LEIDEN JEI	FFREY M											
Form 4												
May 30, 201												
FORM	14		SECUT	TTIES A	ND EV		NCEC	OMMISSION		PROVAL		
	UNITED	SIAIES		shington,			INGE C	OMMINISSION	OMB Number:	3235-0287		
Check this box							Expires:	January 31,				
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OW						NERSHIP OF	Estimated average			
Section 1		SECURITIES							burden hours per			
Form 4 o Form 5		respon Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								0.5		
obligation	ns Section 17(•	1935 or Section	1			
may cont See Instru	inue.			vestment	•	· ·	•		•			
1(b).					•	•						
(Print or Type I	Responses)											
1. Name and Address of Reporting Person _2. Issuer NLEIDEN JEFFREY MSymbol					Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
			QUEST DIAGNOSTICS INC [DGX]					(Check all applicable)				
(Last)	(First) (M	/liddle)	3. Date of	f Earliest Tr	ansaction			_X_ Director		Owner		
			Day/Year)				Officer (give t below)		e Other (specify below)			
500 PLAZA DRIVE 05/29/2			018				,	,				
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check					
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
SECAUCU	S, NJ 07094							Person		jorung		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V		(D)	Price \$					
Stock	05/29/2018			S	1,644	D	» 105.61	6,000	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. orNumber 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 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		Relationsh		
	Director	10% Owner	Officer	Other
LEIDEN JEFFREY M 500 PLAZA DRIVE SECAUCUS, NJ 07094	Х			
Signatures				
William I O'Shaughnessy Ir	Attorney	in Fact for I	effrev M	Leiden MD

William J. O'Shaughnessy, Jr., Attorney in Fact for Jeffrey M. Leiden, M.D., 05/30/2018 Ph.D.

**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.

Date