## Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIAC Form 4 February 18, 2		٩C									
FORM		SECURITIES AND EXCHANGE CO					OMB AF OMB Number:	PROVAL 3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir <i>See</i> Instruct 1(b).	Filed p Section 1	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Expires:January 31, 2005Estimated average burden hours per response0.5			
(Print or Type Re	esponses)										
Cohen Jon R Sy Q			Symbol	Name and			ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor			(Month/D	Date of Earliest Transaction onth/Day/Year) /16/2016				Director 10% Owner X Officer (give title Other (specify below) below) SVP and Chief Medical Officer			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MADISON,	NJ 07940							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/16/2016			F	657 <u>(1)</u>	D	\$ 61.95	61,672 <u>(2)</u> <u>(3)</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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
Cohen Jon R C/O QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940			SVP and Chief Me	edical Officer				
Signatures								
/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Jon R. Cohen 02/18								

\*\*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.

Date

- (2) The amount includes exempt purchases made under the Company's stock purchase plan since the date of the last filing on Form 4.
- (3) The amount includes shares acquired via dividend reinvestment since the date of the last filing on Form 4 pursuant to a dividend reinvestment plan, sponsored by a broker-dealer, that essentially mirrors a dividend reinvestment plan sponsored by the 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.