QUEST DIAGNOSTICS INC

Form 4 March 03, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

burden hours per 0.5

President and CEO

6. Individual or Joint/Group Filing(Check

Estimated average response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading RUSCKOWSKI STEPHEN H Issuer Symbol QUEST DIAGNOSTICS INC (Check all applicable)

[DGX]

(Middle)

3. Date of Earliest Transaction _X__ Director 10% Owner Other (specify X_ Officer (give title (Month/Day/Year) below)

C/O QUEST DIAGNOSTICS INCORPORATED, 3 GIRALDA **FARMS**

(First)

(Street) 4. If Amendment, Date Original

02/27/2015

Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

MADISON, NJ 07940

(City)	(State)	Zip) Table	e I - Non-D	erivative (Secur	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	spose	d of (D)	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 Stock	02/27/2015		F	3,523 (1)	D	\$ 71.25	126,031	D	
Common Stock	03/02/2015		A	875 (2)	A	\$ 0	126,906	D	
Common Stock	03/02/2015		F	454 (3)	D	\$ 70.53	126,586 (4)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 2. Derivative Conver Security or Exer (Instr. 3) Price of Deriva Securit	ve	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
			Disposed of (D)						Trans (Instr
			(Instr. 3, 4, and 5)						
			(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
RUSCKOWSKI STEPHEN H C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940	X		President and CEO			

Signatures

/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Stephen H.

Rusckowski

03/03/2015

**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).
- (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.
- (2) Stock issued by Quest Diagnostics Incorporated in settlement of a performance share award dated February 27, 2012, approved in accordance with the requirements of Rule 16b-3(d).
- (3) Disposition of common stock to the issuer solely to cover tax withholding obligations arising from the settlement of said performance share award.
- (4) The amount includes exempt purchases made under the Company's stock purchase plan since the date of the last filing on Form 4. 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.

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