Edgar Filing: Simmons Wayne R. - Form 4

Simmons W Form 4	ayne R.										
February 16,											
FORM	14 UNITEI) STATES					NGE C	OMMISSION	OMB	PROVAL 3235-0287	
Check th	is box		Wa	shington,	D.C. 20)549			Number:	January 31,	
if no long subject to Section 1 Form 4 o Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange						Expires: Estimated a burden hour response	2005 verage			
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the	Public U		ding Cor	npan	y Act of	1935 or Section	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Simmons Wayne R.			2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC [DGX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3.			3. Date of (Month/D	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2010				Director 10% Owner X_Officer (give title Other (specify below) Vice President, Operations			
	Filed(Mo			endment, Date Original onth/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	ore mun one rej	joiting	
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/11/2010			Code V F	Amount 942 (1)	, í	Price \$ 55.695	(Instr. 3 and 4) 36,881 (2)	D		
Common Stock								597 <u>(3)</u>	I	401(k)	

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

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 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)	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)		Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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	Relationships					
	Director	10% Owner	Officer	Other		
Simmons Wayne R. C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940			Vice President, Operations			
Signatures						
/s/ William I. O'Shaughnassy Ir. Attornay in Fact	for Wour	D D				

/s/ William J. O'Shaughnessy, Jr., Attorney in Fact for Wayne R. Simmons	02/16/2010
**Signature of Reporting Person	Date

Explanation of Responses:

*	If the form is filed by more than one reporting person, <i>see</i> 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 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.
(3)	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.