## Edgar Filing: Cohen Jon R - Form 4

Form 4	)17												
August 03, 2017 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMM							COMMISSION	OMB APPROVAL					
UNITED STATES SECURITIES					ES AND EXCHANGE COMMISSION gton, D.C. 20549					OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				SECU	URI	TIES				Expires: Estimated a burden hou response	2005 ed average hours per		
obligation may conti <i>See</i> Instru 1(b).	s Section 17	7(a) of the		ility H	oldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Section 40	n			
(Print or Type R	esponses)												
			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol QUEST DIAGNOSTICS INC						5. Relationship of Reporting Person(s) to Issuer			
ې []				DINO	110	511051			(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Da C/O QUEST DIAGNOSTICS, 3 08/01/20 GIRALDA FARMS				-					Director       10% Owner        X Officer (give title       Other (specify below)         below)       below)         SVP & Group Exec. Diag. Sol.				
					endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
MADISON,	NJ 07940								Form filed by M Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Noi	n-De	rivative S	Securit	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if nstr. 3) any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesHBeneficially(OwnedH	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	08/01/2017			G	V	2,500	D	\$0	70,683	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 Owna 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							
I B	Director 10% Owner		Officer		Other			
Cohen Jon R C/O QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940			SVP & Group Exe	c. Diag. Sol.				
Signatures								
/s/ William J. O'Shaughnessy, J Cohen	Ir., Attorn	ey in Fact fo	or Jon R.	08/03/2017				
<u>**</u> Signature of I	Reporting Per	rson		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).

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.