Edgar Filing: QUEST DIAGNOSTICS INC - Form 4

QUEST DIA Form 4 July 05, 2006	GNOSTICS IN	NC									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Number:3235-028Number:January 3Expires:200Estimated averageburden hours perresponse0					
 (Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> PFEIFFER GARY M 			2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC [DGX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
-	(First) DIAGNOSTI ATED, 1290 V EST		3. Date of (Month/Da 07/01/20	-	nsaction		X Director Officer (give below)		6 Owner er (specify		
I YNDHUR	(Street) 4. If Amen Filed(Mont				e Original		Applicable Line) _X_ Form filed by	X Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)				•.•	Person				
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	Date 2A. Dee ar) Executi any		3. Transactic Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	Acquired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock							3,334	D			
Reminder: Repo	ort on a separate li	ine for each c	lass of secur	ities benefic	cially owne	ed 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0	07/01/2006	А	408.88 (1)	(2)	(3)	Common Stock	408.88	\$

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Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
PFEIFFER GARY M C/O QUEST DIAGNOSTICS INCORPORATED 1290 WALL STREET WEST LYNDHURST, NJ 07071	Х				
Signatures					
Leo C. Farrenkopf, Jr., atty-in-fact for Gary M.		07/05/20	06		

Pfeiffer
<u>**</u>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).
- (3) Expiration date is not applicable since this is not a stock option.

The total reflected in this column is inaccurate due to a computer program error. Reporting Person has accrued a total of 2,872.43 Phantom Stock Units to date in his Deferred Compensation Account including phantom stock units credited during the prior quarter as a

Date

- (4) Phantom Stock Units to date in his Deferred Compensation Account, including phantom stock units credited during the prior quarter as a result of unreported dividend reinvestment transactions.
- (2) Exercise date is not appplicable as this is not a stock option.

The Phantom Stock units were accrued on a periodic basis under the Quest Diagnostics Incorporated Deferred Compensation Plan and are

(1) to be settled in cash based on the then fair market value of the Company's Common Stock upon the Reporting Person's retirement. Reporting Person's current term expires in May 2008 (the next annual meeting of shareholders of the Company). The information was obtained from the plan administrator as of the current 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.