FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					Τ	of (D) (Instr. and 5)	3, 4	Date Expiration			Amoun			Transaction(s) (Instr. 4)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date e (Month/Day/Year) i	Execution Date, if any	4. Transaction Code (Instr. 8)		5. Num of Deriva Securi Acqui (A) or Dispos	Expiration (Month/I		ation		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securi Benefi Owned Follow Report	tive ties cially l	f 10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial ) Ownership ct (Instr. 4)	
		Та	ble II - Derivat (e.g., p				•	,		oosed of, convertib			•	l				
Common Stock												3,76	7(4)	]		401(k)/SDCF		
			03/03/2017	7			S(	3)		6,028	D	\$98.29	3.29 74,15		55 D			
Common Stock			03/02/2017	+		S(	3)	$\dashv$	1,134	D	\$98.23	<del>'</del>		D				
Common			03/02/2017	_			F	-	$\dashv$	6,492(2)	D	\$98.12	<del>-</del>		I			
Common Stock		03/02/2017				Cod		_	Amount 12,520 <sup>(1)</sup>	(A) or (D)	Price \$98.12	Reported Transaction(s) (Instr. 3 and 4)		D		(mod. 4)		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	2A. Exe	2A. Deemed Execution Date,		3. Transaction Code (Instr.		ion	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		d (A) or			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(City)	(Sta		ip)	rotive		urition	A o.e.	uiro	4 D	ionocod o	for	Panafia	ially Over					
(Street) MADISON NJ 07940					X Form filed by One Reporting Person Form filed by More than One Reporting Person													
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
C/O QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS													SVP, Group Exec. Clin. Fran.					
(Last)	(Fir	st) (N	/liddle)	3. Date of Earliest Transaction (Month/Day/Year) 03/02/2017									X Officer (give		below		*	
Name and Address of Reporting Person     Doherty Catherine T.					2. Issuer Name and Ticker or Trading Symbol QUEST DIAGNOSTICS INC [ DGX ]								(Check all applicable) Director			10	% Owner	

## **Explanation of Responses:**

- 1. Stock issued by Quest Diagnostics Incorporated in settlement of a performance share award dated February 13, 2014, approved in accordance with the requirements of Rule 16b-3(d).
- 2. Disposition of common stock to the issuer solely to cover tax withholding obligations arising from the settlement of said performance share award.
- 3. The sale reported was effected pursuant to a Rule 10b5-1 sales plan adopted by the reporting person on January 30, 2017.
- 4. 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's stock as of that date.

## Remarks:

/s/ William J. O'Shaughnessy,

<u>Jr., Attorney in Fact for</u> <u>03/</u> <u>Catherine T. Doherty</u>

03/06/2017

\*\* Signature of Reporting Person Date

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

- \* 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.

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 Number.