#### IDEXX LABORATORIES INC /DE

Form 4 May 09, 2014

## FORM 4

### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

Expires:

January 31, 2005

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 5 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **END WILLIAM T** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

IDEXX LABORATORIES INC /DE

(Check all applicable)

[IDXX]

(Last) (First)

ONE IDEXX DRIVE

3. Date of Earliest Transaction

X\_ Director 10% Owner Other (specify Officer (give title

(Month/Day/Year) 05/07/2014

(Middle)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

(Instr. 4)

Person

Issuer

below)

WESTBROOK, ME 04092

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

(A) or

Following Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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)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 3. Transaction Date 3A. Deemed 5. Number 6. Date Exercisable and Derivative Conversion Transaction Derivative **Expiration Date** (Month/Day/Year) Execution Date, if Code (Month/Day/Year) Security or Exercise Securities any

(Instr. 3 and 4)

7. Title and Amount

Underlying Securitie

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Deferred Stock Unit	<u>(1)</u>	05/07/2014		A		290		<u>(1)</u>	<u>(1)</u>	Common Stock	290
Non-Qualified Stock Options (right to buy)	\$ 129.38	05/07/2014		A		2,987		(2)	05/06/2024	Common Stock	2,98

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
reporting 6 wher runne / runness	Director	10% Owner	Officer	Other				
END WILLIAM T								
ONE IDEXX DRIVE	X							
WESTBROOK, ME 04092								

# **Signatures**

Jennifer L. Panciocco, Attorney-in-Fact for William 05/09/2014 T. End Date

\*\*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).
- Each deferred stock unit represents a contingent right to receive one share of IDEXX Laboratories, Inc. common stock. The deferred (1) stock units vest 100% one year from the date of grant (05/07/2014) and are payable as common stock one year following the Director's resignation from the Board of Directors.
- (2) Grant of options to buy shares of common stock that vest one year from the date of grant (05/07/2014).

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.

Reporting Owners 2