## Edgar Filing: JOHNSON BARRY C - Form 4

JOHNSON E Form 4	BARRY C									
February 01,	_								omb af	PROVAL
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287
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 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						Expires: January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type F	Responses)									
JOHNSON BARRY C Symbol			er Name <b>and</b> Ticker or Trading C LABORATORIES INC /DE ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) X DRIVE	(Middle)	3. Date of (Month/D 01/28/20	-	ansaction			X Director Officer (give below)		Owner er (specify
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
	OK, ME 04092	2						Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	01/28/2011			Code V A	Amount 194 <u>(1)</u>		Price \$ 70.86 (1)	864	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	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	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		Relationsh		
	Director	10% Owner	Officer	Other
JOHNSON BARRY C ONE IDEXX DRIVE WESTBROOK, ME 04092	Х			
Signatures				
John B. Rogers, Attorney-in-Fa Johnson, PhD	act for Ba	rry C.		02/01/2011

\*\*Signature of Reporting Person

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).

Represents deferred stock units acquired pursuant to the IDEXX Laboratories, Inc. Director Deferred Compensation Plan (the "Plan") in accordance with Rule 16b-3. The number of deferred stock units, rounded up or down to the nearest whole unit, is determined by dividing the amount of cash compensation deferred pursuant to the Plan (\$13,750) by the closing price of IDEXX Laboratories, Inc. common stock

(1) on the date of the deferral. Each deferred stock unit represents a contingent right to receive one share of IDEXX Laboratories, Inc. common stock. The deferred stock units vest immediately upon grant and are payable only as common stock one year following the Director's resignation from the Board of Directors or on such other nondiscretionary and objectively determinable date(s) selected in accordance with the terms of the Plan.

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.