### Edgar Filing: POWERS JOHNNY D - Form 4

POWERS JO	DHNNY D											
Form 4												
June 05, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287			
Check the	is box		vv as	sinngton,	D.C. 20	347				January 31,		
if no long	GES IN BENEFICIAL OWNERSHIP OF					Expires:	2005					
Section 16.				SECURITIES				Estimated average burden hours per				
Form 4 or										response 0.5		
Form 5	Filed pu	irsuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	•			
obligation may cont				•	•	· ·		1935 or Section	n			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type I	Pernonses)											
(I fint of Type I	(csponses)											
1. Name and A	ddress of Reporting	g Person *	2. Issue	r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
POWERS J	OHNNY D	-	Symbol									
				LABORATORIES INC /DE				(Check all applicable)				
(Last) (First) (Middle) 3. Date of				Earliest Transaction				Director 10% Owner				
(Month/D				-				XOfficer (give titleOther (specify below) below)				
ONE IDEXX DRIVE 06/01/2				012				Corporate Vice President				
(Street) 4. If			4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)				Applicable Line)				
								_X_ Form filed by C Form filed by M				
WESTBRO	OK, ME 04092							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da		3.	4. Securi			5. Amount of	6. Ownership				
Security (Instr. 3)	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Indirect Beneficial				
(Instr. 5)		any (Month/Day/Year)			(111501. 5,	+ and	5)	Owned	(D) or Benefic Indirect (I) Owners			
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D ·	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock	06/01/2012			Μ	1,299	А	\$0	3,529	D			
							¢					
Common Stock	06/01/2012			F	408	D	\$ 81.92	3,121	D			
STOCK							01.92					

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.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Transaction of Derivative Code Securities		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	
Restricted Stock Unit	<u>(1)</u>	06/01/2012		М	1,299	<u>(1)</u>	(1)	Common Stock	1,299	\$

## **Reporting Owners**

Reporting Owner Name / Address			Relationships					
	Director	10% Owner	Officer	Other				
POWERS JOHNNY D ONE IDEXX DRIVE WESTBROOK, ME 04092		President						
Signatures								
Jennifer L. Panciocco, Attorne Powers, PhD	y-in-Fact	for Johnny I	06/05/2012					
<u>**</u> Signature of I	Reporting Per	son	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).

(1) Each restricted stock unit represents a contingent right to receive one share of IDEXX Laboratories, Inc. common stock. The restricted stock units vest in five equal annual installments, beginning on the first anniversary date (06/01/2012) of the date of grant.

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.