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POWERS J	OHNNY									
Form 4										
February 18	3, 2009									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSI								OMB APPROVAL		
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287	
Check t if no lor	nger STATEN	STATEMENT OF CHANGES IN BENEFICIAL OV						Expires:	January 31, 2005	
subject Section		SECURITIES					Estimated burden hou	urs per		
Form 4 Form 5		repart to S	ection	16(a) of th	e Securi	ties Excha	nge Act of 1934,	response	. 0.5	
obligati	ons Section 170						of 1935 or Section			
may con <i>See</i> Inst	itinue.			•	•	ny Act of 1				
1(b).	luction				•	•				
(Print or Type	Responses)									
1. Name and POWERS		2. Issuer Name and Ticker or TradingSymbol5. Relationship of Issuer				Reporting Person(s) to				
			IDEXX LABORATORIES INC /DE [IDXX]				E (Check all applicable)			
(Last)	(First) (of Earliest T	ransaction		Director		% Owner her (specify	
C/O IDEXX LABORATORIES			(Month/Day/Year) 02/14/2009			XOfficer (give titleOther (specify below) below) Corporate Vice President				
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
WESTBRO	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	r) Execution Date, if any		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		SecuritiesFBeneficially()Owned()Following()	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A)or(D) Price	Reported Transaction(s) (Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					Perso	ns who res	spond to the colle	ection of	SEC 1474	

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of			
				Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Incentive Stock Option (right to buy)	\$ 34.37	02/14/2009		А	14,545	<u>(1)</u>	02/13/2016	Common Stock	14,5
Non-Qualified Stock Option (right to buy)	\$ 34.37	02/14/2009		А	11,864	(1)	02/13/2016	Common Stock	11,8
Restricted Stock Unit	<u>(2)</u>	02/14/2009		А	2,546	(2)	(2)	Common Stock	2,5

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
POWERS JOHNNY C/O IDEXX LABORATORIES WESTBROOK, ME 04092			Corporate Vice President				
Signatures							
John B. Rogers, Attorney-in-Fact for Powers	r Johnny D.	(02/18/2009				
<u>**</u> 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).
- (1) Grant of option to buy shares of IDEXX Laboratories, Inc. Common Stock exercisable in five equal annual increments, beginning on February 14, 2010.
- (2) 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 February 14, 2010.

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.