Edgar Filing: MAZELSKY JAY - Form 4

MAZELSKY Form 4	Y JAY										
December 0'	7, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235- Expires: Januar								OMB	PROVAL 3235-0287		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> MAZELSKY JAY			2. Issuer Name and Ticker or Trading Symbol IDEXX LABORATORIES INC /DE					5. Relationship of Reporting Person(s) to Issuer			
		[IDXX]					(Check all applicable)				
(Last) (First) (Middle) ONE IDEXX DRIVE			3. Date of Earliest Transaction(Month/Day/Year)12/05/2017					Director 10% Owner X Officer (give title Other (specify below) Executive Vice President			
				. If Amendment, Date Original ïled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WESTBRO	OK, ME 04092							Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Year)							d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	12/05/2017			М	961	А	\$0	19,355 <u>(1)</u>	D		
Common Stock	12/05/2017			F	471	D	\$ 159.78	18,884	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.

Edgar Filing: MAZELSKY JAY - Form 4

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. Transactic Code (Instr. 8)	Transaction of Code Derivative		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>(2)</u>	12/05/2017		М	961	(2)	(2)	Common Stock	961	<u>(3)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
MAZELSKY JAY ONE IDEXX DRIVE WESTBROOK, ME 04092			Executive Vice President					
Signatures								
/s/ Lily J. Lu, Attorney-in-Fact Mazelsky	for Jay		12/07/2017					
** Signature of Reporting Pers	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) Includes 39 shares of common stock acquired under the IDEXX Laboratories, Inc. Employee Stock Purchase Plan on September 29, 2017.

(2) These restricted stock units were granted to the reporting person on December 5, 2013. Each restricted stock unit represents a contingent right to receive one share of IDEXX Laboratories, Inc. common stock and vest in five equal annual installments, beginning on the first anniversary date of the date of grant. The number of restricted stock units reported was adjusted to reflect a 2-for-1 stock split in the form of a 100% stock dividend on IDEXX Laboratories, Inc. common stock paid on June 15, 2015.

(3) Not applicable.

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.