## Edgar Filing: IDEXX LABORATORIES INC /DE - Form 4

IDEXX LAB Form 4 August 02, 24	ORATORIES IN 005	IC /DE										
FORM									OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check thi if no long									Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (							NERSHIP OF	Estimated a				
Section 1 Form 4 or	Section 16. SECURITIES							burden hour				
Form 5		suant to Se	ection 10	6(a) of the	e Securit	ies E	xchange	e Act of 1934.	response	0.5		
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may continue.See Instruction30(h) of the Investment Company Act of 19401(b).												
(Print or Type R	Responses)											
END WILLIAM T Symbol			r Name <b>and</b> Ticker or Trading [ LABORATORIES INC /DE ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (N	(liddle)	3. Date of	Earliest Tra	ansaction			X Director	10%	Owner		
(Month/I			(Month/D 07/29/20	-				Officer (give title Other (specify below) below)				
(Street) 4. If Amer			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check					
Filed(Mon WESTBROOK, ME 04092							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)			• .• .	~						
	. ,	-					-	uired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if		(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(D)	Price \$					
Common Stock	07/29/2005			А	60 <u>(1)</u>	А	63.46 (1)	4,182	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
		Code N		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
END WILLIAM T ONE IDEXX DRIVE WESTBROOK, ME 04092	Х							
Signatures								
Merilee Raines, Attorney-in-Fa T. End	08	08/02/2005						

\*\*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 acquired is determined by dividing the amount of Director's cash

(1) compensation deferred pursuant to the Plan (\$3,750) by the closing price of the IDEXX Laboratories, Inc. Common Stock on the date of the deferral. Deferred stock units are issuable only as common stock on a one-for-one basis one year following the Director's resignation from the Board of Directors.

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.