Edgar Filing: LABONE INC/ - Form 4

Form 4											
November 0	01, 2005										
FORM	14 UNITED S	STATES S						IGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287
Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur inne. Section 17(a	Washington, D.C. 20549 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, 2005Estimated average burden hours per response0.5	
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol LABONE INC/ [LABS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 10101 RENNER BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005					Director 10% Owner XOfficer (give title Other (specify below) below) EVP, CIO			
	(Street)		4. If Ame Filed(Mon			Original			6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-
LENEXA,	KS 66219								Form filed by M Person	ore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non	-Dei	ivative Se	ecurit	ies Acqu	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transac Code (Instr. 8 Code)	4. Securit (A) or Di (D) (Instr. 3, -	spose	d of	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	11/01/2005			J(1)(2)		66	D	\$ 43.9	0	Ι	By 401(k) Plan

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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
Common Stock	\$ 30.34	11/01/2005		D	35,000	(3)	11/29/2014	Common Stock	35,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
McAllister Kent J 10101 RENNER BLVD. LENEXA, KS 66219			EVP, CI	0				
Signatures								
Kent J. McAllister by Randy Stattorney-in-fact	helton		11/0	11/01/2005				
<u>**</u> Signature of Reporting P	Person		D	ate				

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) Disposition of shares in the merger between the issuer and a wholly-owned subsidiary of Quest Diagnostics Incorporated ("Merger").
- (2) Disposition of shares in the Merger by the reporting person's 401(k) Plan pursuant to Rule 16b-3(c).
- This option, which provided for vesting in five equal annual installments beginning November 29, 2005, was cancelled in the Merger, in(3) exchange for a cash payment representing the difference between the exercise price of the option and the merger consideration of \$43.90 per share.

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.