FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Occident 10.1 onn 4 of 1 onn 5 | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MATTHIESSEN ROBERT E | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTEST CORP [INTT] | | | | | | | | | Check a | I applicable) Director Officer (give title | | ig Pers | Person(s) to Issuer 10% Owner Other (specify | |
|--|--|---------|-----------|---------|---|--|---|-------|-------------------|---|--------------------|--|---|--------|--|--|---|---|--|--|
| | EST CORI | | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2018 | | | | | | | | | | belov | N) | | below) | |
| 804 EAST GATE DRIVE, SUITE 200 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicat Line) | | | | | |
| (Street) MT. LAU | JREL N | J (| 08054 | | | | | | | | | | | | | Form | orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | e I - Nor | า-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | ficia | ally O | wne | ed | | | |
| Date | | | | | Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed | rities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu | | cially I 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 | Trans | | ction(s) 3 and 4) | | | (111501.4) |
| Common Stock 1 | | | | | 10/01/2018 | | | | S | | 500(1) | | D | \$7.71 | | 93,981 | | | D | |
| Common Stock | | | | | | | | | | | | | | | | 61,618 | | | I ⁽²⁾ | By spouse |
| | 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of E | | Expiratio | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pric Deriva Securi (Instr. | tive ty | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ox Fo Di or (I) |). wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Num of Shar | ber | | | | | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 30, 2018.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Robert E. Matthiessen 10/02/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.