FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* PELRIN JAMES					2. Issuer Name and Ticker or Trading Symbol INTEST CORP [INTT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PELRIN JAMES						[]									X Directo	or		10% Ov	/ner	
(Last)	(F	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below)			Other (s below)	pecify	
C/O INTEST CORP					03	03/11/2019									President & CEO					
804 EAST GATE DRIVE, SUITE 200																				
					– 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	IIDEI N	т	08054												,	iled by One	Repo	rting Perso	า	
MT. LAUREL NJ 08054					_										Form filed by More than One Reporting					
(City)	(S	state)	(Zip)												Persor	1				
		Tak	le I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	osed o	of, or E	3en	eficiall	y Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (E	A) or D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 03/				03/1	1/201	1/2019					31,100	1,100 ⁽¹⁾ A		\$0	115	115,148		D		
Common Stock													15,890.29			I ⁽²⁾	By Plan			
			Table II -						uired, D					-	Owned			,		
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. Numb	_	6. Date Ex	_		1		Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	· 1	Transaction Code (Instr		n of		Expiration Date (Month/Day/Yea			Underl Deriva	of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	1	Amount or Number of Shares						
Employee Stock Option (right to	\$7.13	03/11/2019			A		93,200		(3)	0	3/10/2029	Comm Stock		93,200	\$0	93,200)	D		

Explanation of Responses:

- 1. The shares acquired are restricted shares acquired pursuant to the Issuer's Amended and Restated 2014 Stock Plan and will vest 25% annually commencing on March 11, 2020.
- 2. The information in this report is based on information provided by the third-party Trustee of the inTEST Corporation Incentive Savings Plan ("Plan"), as of December 31, 2018. Actions by the Trustee of the Plan to maintain overall Plan liquidity targets over time will result in periodic fluctuations in the number of shares of inTEST Common Stock held by the Plan and allocated among the participants of the Plan (including the reporting person), and are not the result of volitional or discretionary actions of the reporting person.
- 3. The option vests in four equal annual installments beginning on March 11, 2020.

03/13/2019 /s/ James Pelrin

** 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.