

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>HOLT ALYN R</u>  (Last) (First) (Middle) C/O INTEST CORP 804 EAST GATE DR., SUITE 200  (Street) MT. LAUREL NJ 08054  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>INTEST CORP [ INTT ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below)  Executive Chairman / Member 10% 13d Group
	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2017	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/13/2017		S		50,000	D	\$6.4992	848,804	D <sup>(1)</sup>	
Common Stock	03/13/2017		S		39,429	D	\$6.2395	139,169	I <sup>(1)(2)</sup>	By Daughter
Common Stock								150,427	I <sup>(2)</sup>	By Trust under Will of deceased spouse
Common Stock								260,000	I <sup>(2)</sup>	By 2003 Trust
Common Stock								115,000	I <sup>(2)</sup>	By 2000 Trust

**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. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person\*  
HOLT ALYN R  
 (Last) (First) (Middle)  
 C/O INTEST CORP  
 804 EAST GATE DR., SUITE 200  
 (Street)  
 MT. LAUREL NJ 08054  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Thompson Kristen Holt  
 (Last) (First) (Middle)  
 C/O INTEST CORP

804 EAST GATE DR., SUITE 200

(Street)

MT. LAUREL NJ 08054

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

Holt Connie E.

(Last)

(First)

(Middle)

C/O INTEST CORP

804 EAST GATE DR., SUITE 200

(Street)

MT. LAUREL NJ 08054

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

Holt Charitable Remainder Unitrust

(Last)

(First)

(Middle)

C/O INTEST CORP

804 EAST GATE DR., SUITE 200

(Street)

MT. LAUREL NJ 08054

(City)

(State)

(Zip)

1. Name and Address of Reporting Person\*

Alyn R. Holt Trust fbo Kristen Holt Thompson

(Last)

(First)

(Middle)

C/O INTEST CORP

804 EAST GATE DR., SUITE 200

(Street)

MT. LAUREL NJ 08054

(City)

(State)

(Zip)

**Explanation of Responses:**

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by this reporting person on August 30, 2016.
2. This report shall not be deemed to be an admission that any reporting person is the beneficial owner of any shares reported herein, except to the extent of the reporting person's pecuniary interest therein.

/s/ Alyn R. Holt 03/15/2017

/s/ Kristen Holt Thompson 03/15/2017

/s/ Alyn R. Holt, Executor,  
Connie E. Holt 03/15/2017

/s/ Kristen Holt Thompson,  
Trustee, Alyn R. Holt Trust fbo 03/15/2017  
Kristen Holt Thompson

/s/ Alyn R. Holt, Trustee, Holt  
Charitable Remainder Unitrust 03/15/2017

\*\* 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.