FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							(,				mpany Act								
1. Name and Address of Reporting Person* DEWS JOSEPH W IV						2. Issuer Name and Ticker or Trading Symbol INTEST CORP [INTT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														X Director				10% Ov	vner
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2023									Office	er (give title v)		Other (s below)	specify
C/O INT	4 If Δ :	A If According to Date of Original Filled (Manufactor Date of Origina) Filled (Manufactor Date of Orig									6. Individual or Joint/Group Filing (Check Applicable								
804 EAST GATE DR, SUITE 200						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)					
,					1									X Form filed by One Reporting Person					
(Street)	Street) MT, LAUREL NJ 08054					Form filed by I Person										fore than One Reporting			
11111 211	OTTEL THE	•			Rule 10b5-1(c) Transaction Indication														
(6)	(0)		•• \		Nuic 1000-1(c) Haiisaction mulcation														
(City)	(City) (State) (Zip)										saction was r					truction or wr	itten pl	lan that is int	ended to
								2000 2(0	,,, ooo										
		Table	I - No	on-Deriva	tive S	ecui	rities	Ac	quired	, Dis	posed o	f, or E	Benefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date		·	3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secui Bene Owne Follor		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) oi (D)	Price		Transa	ransaction(s)				
Common Stock 06/12/202)23					11,250	D	\$26.	23 ⁽¹⁾	85,350			D	
		Tab	le II	- Derivativ	ve Sec	urit	ties /	Acai	uired.	Disc	osed of.	or Be	enefici	allv	Owne	ed	,	<u> </u>	1
											convertib					- -			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed) r. 3, 4	Expiration (Month/Day es d			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1					

Explanation of Responses:

1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.10 to \$26.65. Mr. Dews undertakes to provide inTEST Corporation, any security holder of inTEST Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Joseph W. Dews IV

06/13/2023

** 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.