A 41-year-old man was referred to cardiology with complaints of fatigue and dyspnea on exertion. Cardiac examination revealed holodiastolic murmur along the right sternal border, but was otherwise unremarkable. Transthoracic echocardiography (TTE) showed normal left ventricular systolic function and a quadricuspid aortic valve (QAV, Figure A). Transesophageal echocardiography (TEE) was performed to confirm and classify QAV. TEE revealed QAV with 4 equal cusps in aortic short-axis view (Figures B, C; Videos 1, 2*) and moderate central aortic regurgitation in aortic long-axis view (Figure D, Video 3*). The patient was followed at 6-month intervals with TTE. QAV is a very rare but important abnormality. Recognition and classification of QAV aids in prediction of outcome and planning of treatment. TTE and TEE, both important clinical tools, are used to recognize and classify QAV. TTE can suggest presence of QAV, but cannot provide information regarding the relevant anatomy. Two-dimensional and 3-dimensional TEE are the best options of assessment.