

QUESTAR CORP
Form 4
April 30, 2003

FORM 4

UNITED STATES SECURITIES AND
EXCHANGE COMMISSION
Washington, DC 20549

OMB
APPROVAL
OMB
Number: 3235-0287
Expires: January 31,
2005
Estimated average
burden
hours per
response 0.5

- o Check this box if no longer subject to Section 16. Form 4 or Form 5 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person* <p style="text-align: center; color: blue;">Rose, D. N.</p>			2. Issuer Name and Ticker or Trading Symbol <p style="text-align: center; color: blue;">Questar Corporation - STR</p>				6. Relationship of Reporter to Issuer (Check all applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">Director</td> <td style="width: 15%;">10% Owner</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Officer (give title below)</td> <td>Other (specify below)</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center; color: blue;">Executive Vice President</p>			<input checked="" type="checkbox"/>	Director	10% Owner				<input checked="" type="checkbox"/>	Officer (give title below)	Other (specify below)				
<input checked="" type="checkbox"/>	Director	10% Owner																				
<input checked="" type="checkbox"/>	Officer (give title below)	Other (specify below)																				
<table style="width: 100%;"> <tr> <td style="width: 33%;">(Last)</td> <td style="width: 33%;">(First)</td> <td style="width: 33%;">(Middle)</td> </tr> <tr> <td colspan="3" style="text-align: center; color: blue;">180 East 100 South, P.O. Box 45360</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Street)</td> </tr> <tr> <td colspan="3" style="text-align: center; color: blue;">Salt Lake City, Utah 84145-0360</td> </tr> </table>	(Last)	(First)	(Middle)	180 East 100 South, P.O. Box 45360			(Street)			Salt Lake City, Utah 84145-0360			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Statement for Month/Day/Year <p style="text-align: center; color: blue;">April 29, 2003</p>	5. If Amendment, Date of Original (Month/Day/Year)	7. Individual or Joint/Gross (Check Applicable Line) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 15%;">Form filed by One Reporting Person</td> </tr> <tr> <td style="width: 5%;"></td> <td style="width: 15%;">Form filed by More Reporting Person</td> </tr> </table>				Form filed by One Reporting Person		Form filed by More Reporting Person
(Last)	(First)	(Middle)																				
180 East 100 South, P.O. Box 45360																						
(Street)																						
Salt Lake City, Utah 84145-0360																						
	Form filed by One Reporting Person																					
	Form filed by More Reporting Person																					
<table style="width: 100%;"> <tr> <td style="width: 33%;">(City)</td> <td style="width: 33%;">(State)</td> <td style="width: 33%;">(Zip)</td> </tr> </table>	(City)	(State)	(Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(City)	(State)	(Zip)																				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)														
			Code	V	Amount	Price																

	Day/ Year)	(Month/ Day/ Year)			(A) or (D)		Follow-up Reported Transaction(s) (Instr. 4 3 and 4)	Indirect (Instr. 4)
Common Stock (and attached Common Stock Purchase Rights)	04-29-003		S		D	\$29.70	31,313	D
Common Stock (and attached Common Stock Purchase Rights)							47,745	I4493 ²

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).

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 control number.

SEC
1474
(9-02)

FORM 4 (continued)		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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9.

				3, 4 and 5)				Date Exer-cisable	Expira-tion Date	Title	Amount or Number of Shares	
				Code	V	(A)	(D)					
Stock Option												10
Phantom Stock Units												15

Explanation of Responses:

1. These shares were sold pursuant to a Rule 10b5-1 plan that I executed several months ago.
2. These equivalent shares are allocated to my account in Questar's Employee Investment Plan as of April 29, 2003.
3. These numbers include vested options only. Detailed information concerning my options has been previously disclosed.
4. I receive phantom stock units as a result of my participation in an excess benefit plan sponsored by Questar. As of April 22, 2003 this total includes the 15,040.8669 stock units in such plan in addition to the phantom stock units held through my account in a deferred compensation plan.

/s/ Connie C. Holbrook

April 30, 2003

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

Connie C. Holbrook as Attorney in Fact for D. N. Rose

Date

See

**Signature of Reporting Person

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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.