

QUESTAR CORP  
Form 4  
May 02, 2003

FORM 4

UNITED STATES SECURITIES AND  
EXCHANGE COMMISSION  
Washington, DC 20549

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

OMB  
APPROVAL  
OMB  
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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).

(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 <b>and</b> 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;">Retired Executive</p>			<input checked="" type="checkbox"/>	Director	10% Owner				<input checked="" type="checkbox"/>	Officer (give title below)	Other (specify below)							
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<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr> <td colspan="3" style="text-align: center;">(City) (State) (Zip)</td> </tr> </table>	(Last)	(First)	(Middle)	180 East 100 South, P.O. Box 45360			(Street)			Salt Lake City, Utah 84145-0360			(City) (State) (Zip)			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;">May 1, 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 than One Reporting Person</td> </tr> </table>				Form filed by One Reporting Person		Form filed by More than One Reporting Person
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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	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount or Number of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)																			
			Code V	Amount		Price																			

	Day/ Year)	(Month/ Day/ Year)				(A) or (D)		Followed Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)	Indirect Reported Transaction(s) (Instr. 4)
Common Stock (and attached Common Stock Purchase Rights)								31,313	D
Common Stock (and attached Common Stock Purchase Rights)								47,745	14493 <sup>1</sup>

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.

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(9-02)

FORM 4 (continued)		Table II					Derivative Securities Acquired, Disposed of, or Beneficially Owned	Derivative Securities Acquired, Disposed of, or Beneficially Owned
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. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	

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				Code	V	(A)	(D)	Date Exer-cisable	Expira-tion Date	Title	Amou or Numb of Share
Stock Option	\$15.00	05-01-2003		A		28,875		05-01-2003	02-08-2010	Common Stock (and attached Common Stock Purchase Rights)	28,87
Stock Option	\$28.01	05-01-2003		A		38,500		05-01-2003	04-30-2010	Common Stock (and attached Common Stock Purchase Rights)	38,50
Stock Option	\$22.95	05-01-2003		A		61,500		05-01-2003	04-30-2010	Common Stock (and attached Common Stock Purchase Rights)	61,50
Phantom Stock Units											

Explanation of Responses:

1. These equivalent shares are allocated to my account in Questar's Employee Investment Plan as of April 29, 2003.
2. I retired effective April 30, 2003. As of May 1, 2003, I had 128,875 option shares vest on an accelerated basis. These options terminate at the earlier of their original term or seven years from the date of my retirement.
3. 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

May 2,  
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.