

MICHAEL GARY G
 Form 4
 December 17, 2002

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
 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).

(Print or Type Responses)

1. Name and Address of Reporting Person* Michael, Gary G.			2. Issuer Name and Ticker or Trading Symbol Questar Corporation - STR			6. Relationship of Reporter to Issuer (Check all applicable)																	
						<input checked="" type="checkbox"/>	Director	10% Owner	<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)											
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			4. Statement for Month/Day/Year December 16, 2002			7. Individual or Joint/Gro (Check Applicable Line)														
P.O. Box 1718						5. If Amendment, Date of Original (Month/Day/Year)						<input type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person								
(Street)			Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially																				
Boise, Idaho 83701																							
(City)	(State)	(Zip)	1. Title of Security (Instr. 3)			2. Transaction Date			2A. Deemed Execution Date, if			3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially			6. Ownership Form: Direct		

Edgar Filing: MICHAEL GARY G - Form 4

	(Month/ Day/ Year)	any (Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Owned(D) or Following Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)
Common Stock (and attached Common Stock Purchase Rights)								8,000 D

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).

								SEC 1474 (9-02)
<p>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.</p>								

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. Conver- sion or Exercise Price of Deri- vative Security	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Trans- action Code (Instr. 8)		5. Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)		6. Date Exer- cisable and Expiration Date (Month/Day/ Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Deri- vative Secu- rity (Instr. 5)
				Code	V	(A)	(D)	Date Exer- cisable	Expira- tion Date	Title	Amount or Number	

Edgar Filing: MICHAEL GARY G - Form 4

											of Shares	
Stock Option												
Phantom Stock Units	1-1	12-16-2002		A	82.8325							\$28.10

Explanation of Responses:

1 I have an account balance of phantom stock units under a deferred compensation plan. These units are credited with "reinvested dividends." These shares will be converted to cash upon my death or retirement.

/s/ Connie C. Holbrook

December
16, 2002

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

Connie C. Holbrook as
Attorney in Fact
for Gary G. Michael

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.