

QUESTAR CORP
Form 4
January 28, 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;">Michael, Gary G.</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) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <p style="text-align: right; color: blue;">Director</p>		
(Last)	(First)	(Middle)	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;">January 27, 2003</p>	7. Individual or Joint/Gross (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			
(Street) <p style="text-align: center; color: blue;">Boise, Idaho 83701</p>			5. If Amendment, Date of Original (Month/Day/Year)		(City) (State) (Zip)				
(City) (State) (Zip)			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	

Edgar Filing: QUESTAR CORP - Form 4

	Day/ Year)	(Month/ Day/ Year)				(A) or (D)		Followed Indirect 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).

					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. 3, 4 and 5)		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)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date		

Edgar Filing: QUESTAR CORP - Form 4

Stock Option												
Phantom Stock Units	1-1	01-27-2003		A	22.5056							\$26.66

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

January 28,
2003

** 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.