

SIMMONS HARRIS H
 Form 4
 February 12, 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
 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* <p style="text-align: center; color: blue;">Simmons, Harris H.</p>			2. Issuer Name and Ticker or Trading Symbol <p style="text-align: center; color: blue;">Questar Corporation - STR</p>				6. Relationship of Reporting Person 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: 80%;">10% Owner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Officer</td> <td>Other (specify title below)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="2">Other (specify title below)</td> </tr> </table> <p style="text-align: right; color: blue;">Director</p>			<input checked="" type="checkbox"/>	Director	10% Owner	<input type="checkbox"/>	Officer	Other (specify title below)	<input type="checkbox"/>	Other (specify title below)							
<input checked="" type="checkbox"/>	Director	10% Owner																						
<input type="checkbox"/>	Officer	Other (specify title below)																						
<input type="checkbox"/>	Other (specify title 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;">Zions Bancorporation One Main Street</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 84111</td> </tr> <tr> <td style="text-align: center;">(City)</td> <td style="text-align: center;">(State)</td> <td style="text-align: center;">(Zip)</td> </tr> </table>	(Last)	(First)	(Middle)	Zions Bancorporation One Main Street			(Street)			Salt Lake City, Utah 84111			(City)	(State)	(Zip)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Statement for Month/Day/Year <p style="color: blue;">February 10, 2003</p>	7. Individual or Joint/Gross (Check Applicable Line) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">Form filed by One Reporting Person</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Form filed by More than One Reporting Person</td> </tr> </table>			<input type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person
(Last)	(First)	(Middle)																						
Zions Bancorporation One Main Street																								
(Street)																								
Salt Lake City, Utah 84111																								
(City)	(State)	(Zip)																						
<input type="checkbox"/>	Form filed by One Reporting Person																							
<input type="checkbox"/>	Form filed by More than One Reporting Person																							
			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 of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)										
							Code		V		Amount				Price									

Edgar Filing: SIMMONS HARRIS H - 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)								8,800 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			Title

Edgar Filing: SIMMONS HARRIS H - Form 4

Stock Option												
Phantom Stock Units	1-1	02-10-2003		A	28.8913							\$27.69

Explanation of Responses:

1

I defer my director's fees and these fees are accounted for in phantom stock units. I also receive "dividends."

/s/ Connie C. Holbrook

February 11, 2003

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Connie C. Holbrook as Attorney in Fact for Harris H. Simmons

**Signature of Reporting Person

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.