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HOLBROOK CONNIE C

Form 4

February 10, 2003

FORM 4

UNITED STATES SECURITIES AND **EXCHANGE COMMISSION**

o Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction

1(b).

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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(Print or Type Responses)

| (Print or Type Res | sponses) | | | | | | | | | | |
|---|------------------------------------|----------|---|-------------------------------|--------------|--|--------|---|---|--------|--|
| 1. Name and Address of Reporting Person* Holbrook, Connie C. | | | 2. Issuer Name and Tickler or Trading Symbol | | | | | 6. Relationship of Reporting to Issuer (Check all application) | | | |
| | | | Questar Corporation - STR | | | | Direct | dı0% Owner | | | |
| | | | | | | | X | | Other (specify below) | y | |
| | | | | | | | Sen | | e President, G Corporate Se | | |
| (Last) | (First) | (Middle) | 3. I.R.S. Ide Number of | lentification | | tatement for nth/Day/Year | | | | | |
| 180 East | 180 East 100 South, P.O. Box 45433 | | | g Person, if an | ı 📗 | February 7, 2003 5. If Amendment, Date of Original (Month/Day/Year) | | 7. Individual or Joint/Group (Check Applicable Line) | | | |
| (Street) | | | (voluntar | y) | Date | | | Form filed by One Rep Person | | | |
| | | | | | | | | Form filed by More th Reporting Person | | | |
| Salt Lake Ci | ity, Utah 84145-04 | 133 | | | | | | | | | |
| (City) | (State) | (Zip) | Table | I Non-Derivε | ative So | ecurities Acquired, | Disp | osed of | , or Beneficia | ılly (| |
| 1. Title of Se (Instr. 3) | curity | | 2. Transaction Date | 2A. Deemed Execution Date, if | actio Cod | ns4. Securities Acquon(A) de or Disposed of str.8)(Instr. 3, 4 and | (D) | of Se | m ourO wner- ship ecurit Fos m: enefi DinHy t | 7. | |

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| | | | (Montl Day/ Year) | (Mon | th/ | le V | Amount | (A) or (D) | Price | Fol Re | vned(D) or llowlimdirect port(d) insaction(s (Instr. 4) str. | |
|----------------------------|--------------------------------|------------|---|------------|-----|--|--|------------------|--------|-----------|---|----------------|
| Common Sto Stock Purcha | ock (and attach ase Rights) | hed Common | 1 | | | | | | | 98,95 | 5D | |
| | ock (and attach | hed Common | 1 | | | | | | | 28,53 | 8I8077 ¹ | Th Tr Be |
| = | = | | ecurities beneficially reporting person | - | | - | | | | | | |
| FORM 4 | | | | Table II D | | resp colle inforcont in the requesting the disp a cut OMI num | rently value of the control of the c | pond n | Disnos | | EC 1474 (9-02) | ally C |

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| | | | | | (Instr. and 5) | 3, 4 | | | | | |
|---------------------------|-----|------------|------|---|----------------|------|--------------------------|-----------------|-------|--|---------|
| | | | Code | V | (A) | (D) | Date Exer- cisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | | | | | | | | | | | |
| Phantom Stock Units | 1-1 | 02-07-2003 | A | | 14.9724 | | | | | | \$27.15 |

Explanation of Responses:

- 1 These equivalent shares are in my account in Questar's Employee Investment Plan as of February 7, 2003.
- 2 These numbers include vested options only. Detailed information concerning my options has been previously disclosed.
- 3 I receive phantom stock units as a result of my participation in an excess benefit plan sponsored by Questar. This total includes the 2,187.4101 phantom stock units in such plan in addition to the phantom stock units held through my account balances in deferred compensation plans.

| _ | /s/ Connie C. Holbrook | February 10, 2003 |
|--|---------------------------------|-------------------|
| ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. | Connie C. Holbrook | Date |
| See | | |
| 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). | **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.