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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

Number: 3235-0287 Expires: January 31,

2005

Estimated average

burden hours per response 0.5

(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	7. Individual or Joint/Group 1 (Check Applicable Line)				
(Street)			(voluntar	y)	Date	5. If Amendment, Date of Original (Month/Day/Year)		Form filed by One Rep Person			
								Form filed by More Reporting Person		than	
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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			(Monti Day/ Year)	(Mon	ith/	Cod e	V	Amount	(A) or (D)	Price	Fol Re	vnedD) of lowlindire ported insaction((Instr. 4	ect (s)
Common Sto Stock Purcha	ock (and attach ase Rights)	hed Common					T				98,95	5D	
	Common Stock (and attached Common Stock Purchase Rights)										28,53	8I8077 ¹	Th Tru Be
_	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.									EC 1474 (9-02)			
FORM 4 (continued)				Table II D								or Benefic e securition	
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)	Deri at Secu Ac- qu or D	v- ive iritie iired	(A)	cisal Exp Date	ble and iration e onth/Da	d A	1 `	of rlying	8. Price of Derivative Secuity (Instruct)

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				(Instr. 3, 4 and 5)							
			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.