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QUESTAR C Form 4 June 08, 2005 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	4 UNITED S s box er STATEM 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	ENT OF Cl suant to Sect a) of the Public	Washington HANGES IN SECUI ion 16(a) of th	, D.C. 20 BENEF RITIES ne Securit Iding Con	549 ICIAL O ies Excha ipany Ac	E COMMISSIO WNERSHIP OF ange Act of 1934, t of 1935 or Secti 1940	N OMB Number: Expires: Estimated burden h response	•	
(Print or Type R	esponses)								
1. Name and Address of Reportin PARKS S E			Issuer Name an nbol	d Ticker or	Trading	5. Relationship of Reporting Person(s) to Issuer			
		-	JESTAR COI	RP [STR]		(Check all applicable)			
(Last) (First) (Middle) 180 EAST 100 SOUTH			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner			
			/07/2005			XOfficer (give titleOther (specify below)			
SALT LAKI	(Street) E CITY, UT 8411	File	f Amendment, D cd(Month/Day/Yea	-	l	6. Individual or Applicable Line) _X_ Form filed by Form filed by Person		Person	
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securities	Acquired, Disposed	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code	4. Securi ionAcquired Disposed (Instr. 3,	(A) or of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock and attached			Code V	Amount	(D) Pric				
Common Stock Purchase Rights						85,439	D		
Common Stock and attached Common Stock						22,911.487 (1)	Ι	Employee Investment Plan	

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Purchase Rights

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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)	4. Transactio Code (Instr. 8)	5. Number of orDerivative 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. Pı Deri Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 63.88	06/07/2005	А	3.3813	(2)	(2)	Phantom Stock Units	63.88	\$ 3
Common Stock and attached Common Stock Purchase Rights	\$ 0				<u>(4)</u>	(4)	Common Stock and attached Common Stock Purchase Rights	0	

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of the real of the	Director	10% Owner	Officer	Other			
PARKS S E 180 EAST 100 SOUTH SALT LAKE CITY, UT 84111			Sr. VP, and CFO				
Signatures							
Abigail L. Jones Attorney in Fac Parks	et for S.E.		06/08/2005				
**Signature of Reporting Person	1		Date				

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) As of June 7, 2005, I have 22,911.4870 equivalent shares of stock in Questar's Employee Investment Plan. The number of equivalent shares will fluctuate as Questar's stock price changes; this fluctuation does not reflect any transactions that should be reported.
- (2) Phantom stock units will be converted to cash beginning at retirement; my retirement date is unknown.
- (3) I also receive phantom stock units as a result of my participation in an excess benefit plan. This total includes 2,924.6736 units in such plan in addition to units held through my account balance in a deferred compensation plan. I also receive dividends.
- (4) The question about dates is irrelevant since I am not reporting any changes in my stock options.

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.