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CASH R D Form 4 December 16, 2002

FORM 4

o Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person* Cash, R. D.			2. Issuer Nar		6. Relationship of Repo to Issuer (Check all a)					
				Questar Cor	X	Directo	in0% Owner			
					Officer (give title below)					
				Chairman of th						
(Last) 180 East 1	(First) 100 South, P.O. B	(Middle) ox 45433	3. I.R.S. Ider Reporting (voluntary)	Person, if an	4. Statement for Month/Day/Year December 13, 2002	7. Individual or Joint/Gi (Check Applicable Line				
		5. If Amendme Date of					Form filed by One Person			
(Street)			Original (Month/Day/Year)					Form filed by More Reporting Person		
Salt Lak	te City, Utah 8414	15-0433								
(City)	(State)	(Zip)	Table	ispose	ed of, o	r Beneficiall				
1. Title of Sec (Instr. 3)	curity		2. Transaction Date	2A. Deemed Execution Date, if	3. Transaction Code (Instr.	(A) or Disposed of	(D)	of Se	m ounO wner- ship curi ffes m: enefi Didly t	

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			Da		any (Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Fol Rej	vnedD) o lowlimdir portAd ansaction (Instr. str.	rect n(s)
	Common Stock (and attached Common Stock Purchase Rights)					F		3,000	D	\$28.00	232,3	52	
Common Sto Stock Purcha	n								82,0	4.3662			
Common Sto Stock Purcha	on 12-17	3-2002		F		2,000	D	\$28.00	26,40	(D)			
Common Sto Stock Purcha	ock (and attachase Rights)	hed Commo	n				T				6,152	D	
						requi unles displa a curr OMB numb	ection rmatical ained is for ired to ss the lays rentl B cor ber.	to the n of ion d n of				02)	
FORM 4 (continued)				Γable II	Derivative (e.g., puts,			Acquired, I ants, option)wn
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/	3A. Deemed Execution Date, if any	4. Tran actio Code (Inst	on of Deriv	e E ties D	isabl Expir Date	le and ation th/Day/	Amor Un Secur	tle and unt of iderlying rities astr. 3 and	1	Price of Deriv- ative Secur- ity	9. 1 a 3 i I

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	Security Y	Year)	(Month/ Day/ Year)			(A) or Disposed of (D) (Instr. 3, 4 and 5)						(Instr. 5)	f () F ii F T
				Code	V	(A)	(D)	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares		
Stock Option													89
Phantom Stock Units	1-1												5 8, 3, 4

Explanation of Responses:

- 1 These equivalent shares are allocated to my account in Questar's Employee Investment Plan as of November 25, 2002.
- 2 Detailed information concerning my options has been previously disclosed.
- 3 I have account balances in several different deferred compensation plans. Although I don't earn fees as a director or compensation as an employee, my account balances in such plans are credited with dividends on a quarterly basis.
- 4 Prior to my retirement, I received phantom stock units as a result of my participation in an excess benefit plan sponsored by Questar. Although I no longer earn compensation, my account balance is credited with dividends. This total includes the 47,267.8477 phantom stock units in such plan in addition to the phantom stock units held through account balances in deferred compensation plans.

** Intentional misstatements or omissions of facts constitute
Federal Criminal Violations.

See

**Signature of Reporting Person

December 16, 2002

Connie C. Holbrook as Attorney in Fact for R. D. Cash

**Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient,

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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.