

PARKS S E  
Form 4  
December 18, 2002

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

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- 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*			2. Issuer Name <b>and</b> Ticker or Trading Symbol  Questar Corporation - STR			6. Relationship of Reporter to Issuer (Check all applicable)			
						<input type="checkbox"/>	Director	<input type="checkbox"/>	10% Owner
Parks, S. E.						Senior Vice President and Chief Financial Officer			
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)		4. Statement for Month/Day/Year		7. Individual or Joint/Group (Check Applicable Line)		
180 East 100 South, P.O. Box 45433					December 16, 2002				
(Street)			5. If Amendment, Date of Original (Month/Day/Year)		Form filed by One Reporting Person		Form filed by More than One Reporting Person		
Salt Lake City, Utah 84145-0433									
(City)	(State)	(Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3)			2. Transaction Date	2A. Deemed Execution	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D)		5. Amount of Securities	6. Ownership Form:

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	(Month/ Day/ Year)	Date, if any (Month/ Day/ Year)	(Instr.8)		(Instr. 3, 4 and 5)			Beneficially Owned (D) or Followed Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)	Direct Indirect
			Code	V	Amount	(A) or (D)	Price		
Common Stock (and attached Common Stock Purchase Rights)								77,332	D
Common Stock (and attached Common Stock Purchase Rights)								20,586	19428

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.

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(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/	4. Transaction Code (Instr.8)	5. Number of Derivative Securities Acquired (A) or Disposed of	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)

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		Year)			(D) (Instr. 3, 4 and 5)		Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares
			Code	V	(A)	(D)				
Stock Option										
Phantom Stock Units	1-1	12-16-2002	A		9.0267					\$28.10

Explanation of Responses:

- 1 These equivalent shares are in my account in Questar's Employee Investment Plan as of December 6, 2002.
- 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 1,420.5963 phantom stock units in such plan in addition to the phantom stock units held through my account in a deferred compensation plan.

/s/ S. E. Parks

December 17,  
2002

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

S. E. Parks

Date

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.