

PARKS S E
Form 4
March 18, 2003

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 and Ticker or Trading Symbol			6. Relationship of Reporter to Issuer (Check all applicable)			
Parks, S. E.			Questar Corporation - STR			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)			
(Last) (First) (Middle) 180 East 100 South, P.O. Box 45433			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			4. Statement for Month/Day/Year			
(Street) Salt Lake City, Utah 84145-0433						March 17, 2003 5. If Amendment, Date of Original (Month/Day/Year)			
(City) (State) (Zip)			Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially			7. Individual or Joint/Gro (Check Applicable Line)			
1. Title of Security (Instr. 3)			2. Transaction Date	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially	6. Ownership Form: Direct

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	(Month/ Day/ Year)	any (Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Owned(D) or Following Direct Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)
Common Stock (and attached Common Stock Purchase Rights)								76,949D
Common Stock (and attached Common Stock Purchase Rights)								21,163I2085 1

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. Conver- sion or Exercise Price of Deri- vative Security	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Trans- action Code (Instr.8)	5. Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)	6. Date Exer- cisable and Expiration Date (Month/Day/ Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Deriv- ative Secur- ity (Instr. 5)	
				Code	V	(A)	(D)	Title	

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								Date Exer- cisable	Expira- tion Date		Amount or Number of Shares
Stock Option											
Phantom Stock Units	1-1	03-17-2003		A		8.9604					\$28.90

Explanation of Responses:

- 1 These equivalent shares are in my account in Questar's Employee Investment Plan as of March 14, 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 1,464.3866 phantom stock units in such plan in addition to the phantom stock units held through my account in a deferred compensation plan.

/s/ Connie C. Holbrook

March 17, 2003

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

Connie C. Holbrook as Attorney in Fact
for 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.