

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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Number: 3235-0287
Expires: January 31,
2005
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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)			
						<input type="checkbox"/>	Director	<input type="checkbox"/>	10% Owner
Parks, S. E. 180 East 100 South, P.O. Box 45433			Questar Corporation - STR			Senior Vice President and Chief Financial Officer			
						7. Individual or Joint/Gro (Check Applicable Line)			
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			4. Statement for Month/Day/Year			
Salt Lake City, Utah 84145-0433						December 16, 2002			5. If Amendment, Date of Original (Month/Day/Year)
(Street)			Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially			Form filed by One Reporting Person			
(City) (State) (Zip)						Form filed by More than One Reporting Person			
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)			Beneficial Owned (D) or Followed Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)	Direct (D) Indirect (I)
			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)								20,586,194	28

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.

SEC 1474
(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/ Year)	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.