Hester John Form 4											
March 05, 20	1 /	STATES					NGE C	OMMISSION	OMB AF OMB	PROVAL	
Check this box Washington, D.C. 20549									Number:	3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OW SECURITIES					Expires: Estimated a burden hou response	2005 average urs per	
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type I	Responses)										
Hester John P Symbol				r Name <b>and</b> Ticker or Trading IWEST GAS CORP [SWX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					(Check an applicable)					
(Month/D 5241 SPRING MOUNTAIN ROAD 03/01/20				007				Director 10% Owner X Officer (give title Other (specify below) below) Senior VP/Regulatory Affairs			
				ndment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
LAS VEGA	S, NV 89150000	2						Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
				Code V	Amount		Price	(Instr. 3 and 4)			
Common stock	03/01/2007			A <u>(1)</u>	37.27	А	\$ 37.03	10,927.26	D		
Common stock	03/01/2007			A <u>(2)</u>	24.8	А	\$ 37.03	10,952.06	D		
Common stock - Spouse	03/01/2007			A <u>(2)</u>	1.82	А	\$ 37.03	330.37	Ι	By Spouse	
Common stock 401k	03/01/2007			A <u>(3)</u>	15.57	А	\$ 37.03	2,814.58	Ι	By 401(k)	

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	<b>TC</b> 1	or		
						Exercisable	Date		Number		
					(1) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hester John P 5241 SPRING MOUNTAIN ROAD			Senior VP/Regulatory				
LAS VEGAS, NV 891500002			Affairs				

## Signatures

By: Karen W. 03/05/2007 Stanfield, POA

\*\*Signature of Reporting Person

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) Pursuant to the stock dividend/dividend reinvestment feature of SWX restricted stock plan, paid dividend on 03/01/07 with a record date of 02/15/07.
- (2) Shares acquired pursuant to the dividend reinvestment plan, dividend paid on 03/01/07 with a record date of 02/15/07.
- (3) Pursuant to the dividend reinvestment feature of SWX 401(k) plan, dividend paid on 03/01/07.

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.