CASH R D Form 4 April 24, 2003

FORM 4

o Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may

continue.

1(b).

See Instruction

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

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2005

Estimated average

burden hours per response 0.5

(Print or Type Responses)

(Print or Typ	e Responses)												
1. Name and Address of Reporting Person*			2. Issuer Name and Tickler or Trading Symbol							6. Relationship of Report to Issuer (Check all ap			
		Questar Corporation - STR							Directo	In0% Owner			
Cash, R. D.										X Office Other (spe (give below) title below)			
									Chairman of th				
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity 4. Statement for Month/Day/Year										
180 East 100 South, P.O. Box 45433			(voluntary)	1	April 22, 2003			7. Individual or Joint/G1 (Check Applicable Line					
			5. If Amendment, Date of			Form filed by One Person							
(Street)					Original (Month/Day/Year)		, , ,	Form filed by More Reporting Person					
Salt Lal	ke City, Utah 8414	45-0433							$\perp \! \! \perp \! \! \perp$				
(City)	(State)	(Zip)	Table	I Non-Deri	vative Se	curi	ities Acqı	iired, l	Dispose	d of, o	Beneficiall		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/ Day/	2A. Deemed Execution Date, if any (Month/	3. Transaction Code (Instr	n (of (D)	of Sea Be Ov	nocuro wner- ship curi feerm: nefi Dinklyt vned D) or llow limgirect			

			Year)		Day/ Year)				(A) or (D)			port ed insaction(s (Instr. 4) str.
Common Stock Stock Purchase		04-22-2	003		M		13,230	A	\$21.37	5		
Common Stock Stock Purchas	04-22-2	003		F		1,477 + 2,736 + 6,270		\$31.40	293,1	80		
Common Stock (and attached Common Stock Purchase Rights)											50,80	7I
Common Stock Purchas									6,936	I		
* If the form i	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.											
FORM 4 (continued)				,	Table II				_		•	of, or Bene tible secur
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. Trar actic Cod (Inst	on a e Ac- tr.8) q p	fumber of tive Sectivities (A osed of of firstr. 3, 4	of De uritie or (D)	eriv- 6. es Dis-	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. of	Title and A Underlying curities (Instr. 3 ar
				Code	V	(A)		Ex	ter- sable	tion		Fitle S

Stock Option	\$21.375	04-22-2003	M	08-10-1998	13,230	4-30-2005	Common	13,
				through			Stock (and	
				08-11-2001			attached	
							Common	
							Stock	
							Purchase	
							Rights)	
Phantom Stock Units	1-1							

Explanation of Responses:

- 1 These numbers include vested options only. Detailed information concerning my options has been previously disclosed.
- 2 I have account balances in several different deferred compensation plans. Although I don't currently earn fees as a director or compensation as an employee, my account balances in such plans are credited with dividends on a quarterly basis.
- 3 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 47,883.6090 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

April 24, 2003

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

**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.