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QUESTAR C	CORP									
Form 4	007									
October 09, 2								OMB	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check thi if no long subject to Section 14 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> STANLEY CHARLES B			2. Issuer Name and Ticker or Trading Symbol QUESTAR CORP [STR]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction (Check				eck all applical	k all applicable)		
180 EAST 1 45433	00 SOUTH, P.O	. BOX	(Month/D 10/05/20	-			X Director X Officer (gi below) Exect		0% Owner ther (specify ident	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SALT LAK	E CITY, UT 841	45-0433					Form filed by Person	More than One	Reporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securities Ad	equired, Disposed	of, or Benefic	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4	es (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock						() -	60,804	D		
Common Stock							7,007.2333 (1)	I	Employee Investment Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Phantom Stock Units	\$ 51.68	10/05/2007		А	64.2604	(2)	(2)	Phantom Stock Units	64.260
Stock Option	\$ 41.075					02/13/2009	02/13/2015	Common Stock	0
Stock Option	\$ 11.975					07/31/2002	01/31/2012	Common Stock	172,00
Stock Option	\$ 11.475					08/11/2002	02/11/2012	Common Stock	112,00
Stock Option	\$ 13.555					08/11/2003	02/11/2013	Common Stock	150,00
Stock Option	\$ 38.57					02/01/2010	10/24/2012	Common Stock	0

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other			
STANLEY CHARLES B 180 EAST 100 SOUTH, P.O. BOX 45433 SALT LAKE CITY, UT 84145-0433	Х		Executive Vice President				
Signatures							
Abigail L. Jones Attorney in Fact for C. B. Stanley		10/09/200)7				
**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) As of October 5, 2007, I have 7,007.2333 equivalent shares of stock in Questar's Employee Investment Plan. The number of equivalent shares will fluctuate as Questar's stock price changes; this fluctuation does not reflect any transactions that should be reported.
- Phantom stock units will be converted to cash per my elections on or within 5 years of my termination of employment (subject to 6-month delay if necessary to comply with IRC 409A), or upon my death or Disability.

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(3) I also receive phantom stock units as a result of my participation in an excess benefit plan. This total includes 15,534.3088 units in such plan in addition to units held through my account balance in a deferred compensation plan. I also receive dividends.

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.