HOLBROOK CONNIE C

Form 4

January 11, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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OMB APPROVAL

3235-0287

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Number:

Expires:

Form 5 obligations may continue. See Instruction

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(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HOLBROOK CONNIE C			2. Issuer Name and Ticker or Trading Symbol QUESTAR CORP [str]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle)			3. Date of Earliest Transaction			
180 EAST 100 SOUTH			(Month/Day/Year) 01/07/2005	Director 10% Owner Officer (give title Other (specify below) Sr.VP, Gen. Counsel, Corp Sec		
	(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 LAKE CITY, UT 84111				Form filed by More than One Reporting Person		

Common Stock

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	rities A	cquired, Disposed	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(msu. 1)	
Stock and attached Common Stock Purchase Rights	01/07/2005		M	100	A	\$ 15	137,186	D	
Common Stock and attached							30,185.4354 (1)	I	Employee investment Plan

Purchase Rights

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

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(9-02)

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 stionDerivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		D)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amous Number Shares
Common Stock and attached Common Stock Purchase Rights	\$ 15	01/07/2005		P		100	08/08/2000	02/08/2010	Common Stock and attached Common Stock Purchase Rights	10
Phantom Stock Units	\$ 46.83	01/07/2005		A	17.3607		(2)	(2)	Phantom Stock Units	17.36

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

HOLBROOK CONNIE C 180 EAST 100 SOUTH SALT LAKE CITY, UT 84111

Sr.VP, Gen. Counsel, Corp Sec

Signatures

Connie C. 01/11/2005 Holbrook

**Signature of Date Reporting Person

2 Reporting Owners

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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).
- As of January 7, 2005, I have 30,185.4354 equivalent shares of stock in my account in Questar's Employee Investment Plan. The number
- (1) of equivalent shares will fluctuate as Questar's stock price changes; this fluctuation does not reflect any transactions that should be reported.
- (2) Phantom stock units will be converted to cash beginning at retirement; my retirement date is unknown.
- (3) I receive phantom stock units as a result of my participation in an excess benefit plan. This total includes 3,242.0190 units in such plan in addition to units held through my account balance in deferred compensation plans.

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.