

SOUTHWEST GAS CORP
 Form 4
 September 05, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Hester John P

2. Issuer Name and Ticker or Trading Symbol
 SOUTHWEST GAS CORP [SWX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 5241 SPRING MOUNTAIN ROAD
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 09/01/2006

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Senior VP/Regulatory Affairs

LAS VEGAS, NV 891500002

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 _____ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)			
			Code	V	Amount	(A) or (D)	Price			
Common stock	09/01/2006		A ⁽¹⁾		36.46	A	\$ 33.64	8,764.46	D	
Common stock	09/01/2006		A ⁽²⁾		16.73	A	\$ 33.64	8,781.19	D	
Common stock - Spouse	09/01/2006		A ⁽²⁾		2.76	A	\$ 33.64	326.76	I	By Spouse
Common stock 401k	09/01/2006		A ⁽³⁾		13.3	A	\$ 33.64	2,787.3	I	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.

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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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 6)	10. Following the date the derivative security expires, the derivative security will be settled in cash (Instr. 7)
					Code	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
					V (A) (D)					

Reporting Owners

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

Signatures

By: Kathy M. Bailey, POA 09/05/2006

__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 9/1/06 with a record date of 8/15/06.
 - (2) Shares acquired pursuant to the dividend reinvestment plan, dividend paid on 9/1/06 with a record date of 8/15/06.
 - (3) Pursuant to the dividend reinvestment feature of SWX 401(k) plan, dividend paid on 9/1/06.

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.