## Edgar Filing: Armstrong Thomas J - Form 4

Armstrong T	'homas J										
Form 4 March 02, 20	)05										
FORN	1 /		~~~~~			~~~ .			OMB AF	PROVAL	
	UNITED	STATES		AITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHA Filed pursuant to Section Section 17(a) of the Public				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES 16(a) of the Securities Exchange Act of 1934, Jtility Holding Company Act of 1935 or Sectio nvestment Company Act of 1940					January 31, 2005 Estimated average burden hours per response 0.5 n		
(Print or Type F	Responses)										
Armstrong Thomas J Symbol			Symbol	uer Name <b>and</b> Ticker or Trading I THWEST GAS CORP [SWX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	liddle)	3. Date of Earliest Transaction				(Chec	k all applicable	)		
5241 SPRING MOUNTAIN ROAD (Month/I 03/01/2				/Day/Year) 2005				Director 10% Owner X Officer (give title Other (specify below) below) SR VICE PRES/GAS RESOURCES			
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LAS VEGA	S, NV 891500002	2						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	rity (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)			
Common	03/01/2005			Code V $A^{(1)}$	Amount 25	(D) A	Price \$ 25.29	(Instr. 3 and 4) 16,145	D		
stock Common stock	03/01/2005			A <u>(2)</u>	105	А	\$ 25.29	16,250	D		
Common stock 401k	03/01/2005			A <u>(3)</u>	23	A	\$ 25.29	2,743	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 (9-02) required to respond unless the form displays a currently valid OMB control

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#### number.

# 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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Armstrong Thomas J			SR VICE				
5241 SPRING MOUNTAIN ROAD			PRES/GAS				
LAS VEGAS, NV 891500002			RESOURCES				
Cignoturoo							

## Signatures

By: Kathy M. 03/02/2005 Bailey, 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) Shares acquired pursuant to the dividend reinvestment plan, dividend paid on 3/1/05 with record date of 02/15/05.
- (2) Pursuant to stock dividend/dividend reinvestment feature of SWX restrict stock plan, paid dividend on 3/1/05 with a record date of 02/15/05.
- (3) Pursuant to the dividend reinvestment feature of the SWX 401(k) plan, dividend paid 3/1/05.

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.