Edgar Filing: QUESTAR CORP - Form 4

QUESTAR COR	Р										
Form 4	06										
December 13, 20									OMB	APPROVAL	
FORM 4	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Washington, D.C. 20549 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										Expires: Estimated burden he response
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Bradley R Allan			2. Issuer Name and Ticker or Trading Symbol QUESTAR CORP [STR]				5	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 180 EAST 100 SOUTH, P.O. BOX 45360			3. Date of Earliest Transaction (Month/Day/Year) 12/11/2006					(Check all applicable) <u> </u>			
(Street) SALT LAKE CITY, UT 84145-0433			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 Form filed by More than One Reporting			
								Person			
(City) ((State) (2	Zip)	Table	e I - Non-D	erivative S	Securit	ties Ac	equired, Disposed	of, or Benefic	ially Owned	
Security (Mo (Instr. 3)	ransaction Date nth/Day/Year)	Execution any	n Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(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)	Indirect Beneficial	
Common Stock								13,000	D		
Common Stock								2.5049 <u>(1)</u>	I	Employee Investment Plan	

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.

Edgar Filing: QUESTAR CORP - Form 4

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. 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 or Number of Shares
Phantom Stock Units	\$ 87.24	12/11/2006		А	3.6329	(2)	(2)	Phantom Stock Units	3.6329
Stock Option	\$ 48.66					07/03/2005	01/03/2015	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Bradley R Allan 180 EAST 100 SOUTH, P.O. BOX 45360 SALT LAKE CITY, UT 84145-0433			Executive Officer			
Signatures						
Abigail L. Jones Attorney in Fact for R. A. Bradley	12/12/2006					
**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) As of December 8, 2006, I have 2.5049 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.
- (2) Phantom stock units will be converted to cash beginning at retirement; my retirement date is unknown.
- (3) I also receive phantom stock units as a result of my participation in an excess benefit plan. This total includes 205.3149 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.