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Form 4	n								
February 10, 20								OMB	
FORM	UNITEDS	TATES		ATTIES A			COMMISSIO	-	APPROVAL 3235-0287
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 (SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sec 30(h) of the Investment Company Act of 1940						ge Act of 1934, of 1935 or Secti	January 31 Expires: 2009 Estimated average burden hours per response 0.9		
(Print or Type Resp	ponses)								
1. Name and Address of Reporting Person <u>*</u> Bradley R Allan			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) 180 EAST 100 SOUTH, P.O. BOX 45360			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2009			Director 10% Owner X Officer (give title Other (specify below) below) Executive Officer			
(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 			
(City)		Zip)	Tabl	a I Nan D	animatina (Committing A	Person	of on Donofio	ally Owned
1.Title of 2.	Transaction Date		ned 1 Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
Common Stock							30,291 <u>(1)</u>	D	
Common Stock							19.9339 <u>(2)</u>	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	\$ 36.05	02/06/2009		А	55.4785	(3)	(3)	Phantom Stock Units	55.478
Stock Option	\$ 24.33					07/03/2005	01/03/2015	Common Stock	100,00

Reporting Owners

Reporting Owner Name / Address		Re	ationships		
	Director	10% Owner	Officer	Other	
Bradley R Allan 180 EAST 100 SOUTH, P.O. BOX 45360 SALT LAKE CITY, UT 84145-0433			Executive Of	ficer	
Signatures					
Abigail L. Jones Attorney in Fact for R. A. Bradley					
** 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) This total reflects a distribution of formerly restricted shares of stock and made an advance election to satisfy my tax payment obligations by selling shares to Questar.
- (2) As of February 6, 2009, I have 19.9339 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.
- (3) 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.
- (4) I also receive phantom stock units as a result of my participation in an excess benefit plan. I have 1,503.6500 shares in it in addition to my shares 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.