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Form 4											
February 18	2009										
-									OMB	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Sec				SECU	RITIES				Expires: Estimated burden ho response.	ours per	
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the l	Public U	tility Ho		mpar	ny Act o	f 1935 or Sectio	'n		
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol QUESTAR CORP [STR]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest Transaction					(Check all applicable)			
				/onth/Day/Year) 2/13/2009				Director 10% Owner X Officer (give title Other (specify below) Senior Vice President			
	(Street)		4. If Ame	endment, E	Date Origin	al		6. Individual or Jo	oint/Group Fi	ling(Check	
SALTLAK	E CITY, UT 841	45-0433	Filed(Mo	onth/Day/Ye	ar)			Applicable Line) _X_ Form filed by Form filed by N			
								Person			
(City)(State)(Zip)Ta1.Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date, if(Instr. 3)any(Month/Day/Year)			ed Date, if	Code (Instr. 3, 4 and 5)				quired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported	 f, or Benefici 6. Ownership Form: Direct (D) or Indirect (I) 	7. Nature of Indirect Beneficial Ownership	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	02/13/2009			F	822	D	\$ 35.14	48,187 <u>(1)</u>	D		
Common Stock	02/17/2009			F	4,108	D	\$ 32.11	44,079 <u>(1)</u>	D		
Common Stock								27,277.9593 (2)	I	Employee Investment Plan	

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

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displays a currently valid OMB control 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acqui (A) or Disposed (D) (Instr. 3, 4, and 5)	of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo Num Share
Phantom Stock Units	\$ 0	02/13/2009		А	1,179.1069		(3)	(3)	Phantom Stock Units	1,17
Stock Option	\$ 13.555						08/11/2003	02/11/2013	Common Stock	1'
Stock Option	\$ 35.38						03/05/2010	03/05/2016	Common Stock	

Reporting Owners

Reporting Owner Name / Address	Relationships						
Terforming of the Transferration	Director	10% Owner	Officer	Other			
Neese Jay B 180 EAST 100 SOUTH P.O. BOX 84145-0433 SALT LAKE CITY, UT 84145-0433			Senior Vice Pre	sident			
Signatures							
Abigail L. Jones Attorney in Fact for . Neese	J. B.	02/1	8/2009				

Explanation of Responses:

**Signature of Reporting Person

- * 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) I received a distribution of formerly restricted shares of stock and made an advance election to satisfy my tax payment obligations by selling shares to Questar.
- As of February 16, 2009, I have 27,277.9593 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.

Date

- (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 4,794.5385 shares in it in addition to my shares in a deferred compensation plan. I also receive dividends.

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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.