

QUESTAR CORP  
 Form 4  
 November 26, 2002

FORM 4

UNITED STATES SECURITIES AND  
 EXCHANGE COMMISSION  
 Washington, DC 20549

OMB  
 APPROVAL  
 OMB  
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o 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

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(f) of the Investment  
 Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol			6. Relationship of Reporter to Issuer (Check all applicable)				
Stanley, Charles B.			Questar Corporation - STR			<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)				
(Last) (First) (Middle) 180 East 100 South, P.O. Box 45601			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			4. Statement for Month/Day/Year November 22, 2002				
(Street) Salt Lake City, Utah 84145-0601			5. If Amendment, Date of Original (Month/Day/Year)			7. Individual or Joint/Gross (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned		6. Ownership Form: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect

	(Month/ Day/ Year)	any (Month/ Day/ Year)	Code	V	Amount	(A) or (D)	Price	Owned(D) or Following Direct Reported Transaction(s) (Instr. 4) (Instr. 3 and 4)
Common Stock (and attached Common Stock Purchase Rights)								21,000D
Common Stock (and attached Common Stock Purchase Rights)								758.1765 1

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

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.

SEC 1474  
(9-02)

FORM 4 (continued)		Table II Derivative Securities Acquired, Disposed of, or Beneficial (e.g., puts, calls, warrants, options, convertible securities)					
1. Title of Derivative Security (Instr. 3)	2. Con- version or Exercise Price of Deri- vative Security	3. Trans- action Date  (Month/ Day/ Year)	3A. Deemed Execution Date, if any  (Month/ Day/ Year)	4. Trans- action Code (Instr.8)	5. Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4 and 5)	6. Date Exer- cisable and Expiration Date (Month/Day/ Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)

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				Code	V	(A)	(D)	Date Exer-cisable	Expira-tion Date	Title	Amount or Number of Shares
Stock Option	\$22.95	2-11-2002		A		18,750		8-11-2002	2-11-2012	Common Stock (and attached Common Stock Purchase Rights)	18,750
Phantom Stock Units	1-1	11-22-2002		A		5.0216					

Explanation of Responses:

- 1 These equivalent shares are allocated to my account in Questar's Employee Investment Plan as of November 22, 2002.
- 2 I receive phantom stock units as a result of my participation in an excess benefit plan sponsored by Questar.

/s/ Charles B. Stanley

November 26, 2002

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
See  
18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Charles B. Stanley

Date

\*\*Signature of Reporting Person

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.