

Edgar Filing: SOUTHWEST GAS CORP - Form 4

SOUTHWEST GAS CORP

Form 4

March 05, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person

Sheets, Thomas R.
5241 Spring Mountain Road
Las Vegas, NV 89150
USA

2. Issuer Name and Ticker or Trading Symbol

Southwest Gas Corporation
SWX

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

03/03/2003

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

() Director () 10% Owner (X) Officer (give title below) () Other
(specify below)

Senior Vice President/Legal Affairs and General Counsel

7. Individual or Joint/Group Filing (Check Applicable Line)

(X) Form filed by One Reporting Person
() Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Transaction Date	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Month
Common Stock	03/03/2003	J (1)	145	17,232

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Amount	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. Put or Call

Edgar Filing: SOUTHWEST GAS CORP - Form 4

Explanation of Responses:

(1) Pursuant to a stock dividend/dividend reinvestment feature of SWX restricted stock plan paid on 03/03/03 with record date of 02/18/03.

SIGNATURE OF REPORTING PERSON

/s/ Thomas R. Sheets by Kathy M. Bailey, Attorney in Fact

DATE

03/05/2003