Edgar Filing: QUESTAR CORP - Form 4/A

QUESTAR COR Form 4/A	2P										
March 18, 2015											
								OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549						E COMMISSIO	N OMB Number:	3235-0287			
Check this boy if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	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								Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Jepperson Thomas C			2. Issuer Name and Ticker or Trading Symbol QUESTAR CORP [STR]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)			
333 SOUTH STATE STREET			(Month/Day/Year) 01/07/2014			Director 10% Owner X Officer (give title Other (specify below) COO					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year) 01/08/2014			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
SALT LAKE C	ITY, UT 8414	5-0433					Person		Reporting		
(City)	(State) (Z	Zip)	Table	e I - Non-D	erivative S	Securities A	Acquired, Disposed	of, or Benefic	ially Owned		
	Fransaction Date onth/Day/Year)	Execution any	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							219,196 <u>(1)</u>	D			
Common Stock							13,548.96 <u>(2)</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/A

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 Derivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Phantom Stock Units	\$ 0	01/07/2014		А	640.2757		(3)	(3)	Phantom Stock Units	640.2
Stock Option	\$ 13.1						03/05/2011	03/05/2017	Common Stock	5,33

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address		Relationships						
FB	Director	10% Owner	Officer	Other				
Jepperson Thomas C 333 SOUTH STATE STREET SALT LAKE CITY, UT 84145-0433	i		C00					
Signatures								
Julie A. Wray, Attorney in Fact	03/17/201	5						

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 gift of Stock for 4,444 shares on December 20, 2013.
- (2) As of January 7, 2014, I have 13,548.96 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.

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.